

**DIGIT PRIVATE CAR LIABILITY ONLY POLICY - LONG TERM (3 YEARS)****PROSPECTUS****UIN: IRDAN158RP0004V02201819****Go Digit General Insurance Ltd.**

Go Digit General Insurance Ltd. (Digit) is a new general insurance company being set up in India and is backed by Fairfax Financial Holdings Ltd. Fairfax is a large Canada based diversified financial services group engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

At Digit, our mission is to make Insurance products that are simple and transparent. For us, making Insurance simple translates into – Easy interface for customers to interact with us, Simple products, Simple and effective claims' process. Our goal is to offer products and services that customer really wants and back it by service, that we can be proud of. We have a team that brings in years of experience in Insurance and technology companies. We want to become a part of consumers' lives and enable them to live without worrying about uncertain future.

**Product Introduction**

At Digit, we understand the potential risk and liability associated with the ownership of a Private Car and hence, we have designed "Digit Private Car Liability Only Policy – Long Term (3 Years)" that offers a complete protection for:

- Liability to Third Parties
- Personal Accident Cover for Owner-Driver

**What are the perils/liabilities for which cover is provided?**

**"Liability to Third Parties"** provides protection for any legal liability arising out of the use of the vehicle for:

1. Accidental death / injury to any third party which includes occupants carried in the vehicle (provided such occupants are not carried for hire or reward)
2. Any damage to property owned by third party

**"Personal Accident Cover for Owner-Driver"** provides Personal Accident cover for registered owner of the vehicle who is the insured named in this policy holding a valid and effective driving license at the time of the accident.

**What am I not covered for?**

1. The Company shall not be liable in respect of any claim arising whilst the vehicle insured herein
  - a. being used otherwise than in accordance with the "Limitations as to Use" or
  - b. being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause
2. The Company shall not be liable in respect of any claim arising out of any contractual liability;
3. Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death arising out of and in the course of employment of a person in the employment of the insured or in the employment of any person who is indemnified under this policy or bodily injury sustained by such person arising out of and in the course of such employment.
4. Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death or bodily injury to any person (other than a passenger carried by reason of or in pursuance of a contract of employment) being carried in or upon or entering or mounting or alighting from the Motor Vehicle at the time of the occurrence of the event out of which any claim arises.
5. The Company shall not be liable in respect of any liability directly or indirectly or proximately or remotely occasioned by contributed by or traceable to or arising out of or in connection with War, Invasion, the Act

of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), Civil War, Mutiny, Rebellion Military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder, the Insured shall prove that the accident, loss, damage and/or liability, arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.

6. The Company shall not be liable in respect of any liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material
7. Any accidental loss damage and/or liability caused sustained or incurred outside the geographical area stated in the schedule.

### What are the Policy Period Options under this Policy?

We have provided a flexibility of choosing policy period of 1 Year, 2 Years, 3 Years.

### How do I get the premium amount for insuring the car against liability only cover?

Based on filled proposal form and information furnished, we will provide you with the premium amount.

### Is there any provision to cancel the policy?

Yes, the Policy can be cancelled as below:

1. Under no circumstances statutory Motor Third Party Liability insurance or any other compulsory insurance mandated by law can be cancelled, except in case of double insurance or total loss. A policy can be cancelled only after ensuring that the vehicle is insured elsewhere, at least for Liability Only cover and after surrender of the original Certificate of Insurance for cancellation.
2. **Cancellation by Insured:** Policy may be cancelled at the option of the insured at any time during the term, by informing Us. In such a case we shall —
  - a. Refund proportion premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.
  - b. Refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.
3. **Cancellation by Insurer:** Policy may be cancelled by the Company on the grounds of established fraud, by giving minimum notice of 7 (seven) days to the insured.

### What do I do in case of a claim?

In case of a claim, we request you to register a claim by contacting our Customer Service No.:1800 258 5956. You can, alternatively, also register a claim by email on: [hello@godigit.com](mailto:hello@godigit.com)

Please keep below details handy at the time of registering claims as this information will help us serve you faster:

Policy Number, Location of Accident, Date and Time of Accident & Contact Number of the Insured/Caller.

### What do I do in case of any grievance?

#### Customer Grievance Redressal Policy:

We hope that we never leave you dissatisfied. However, if you ever wish to lodge a complaint, please feel free to call our 24\*7 toll-free number 1800-258-5956 or email the customer service desk at [hello@godigit.com](mailto:hello@godigit.com).

Senior Citizens can now contact us on 1800-258-5956 or write to us at [seniorcitizen@godigit.com](mailto:seniorcitizen@godigit.com)

After investigating the matter internally and subsequent closure, we will send you our response.

If you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at [grievance@godigit.com](mailto:grievance@godigit.com)

For updated details of grievance officer, kindly refer the link:

<https://www.godigit.com/claim/grievance-redressal-procedure>

For updated details of Ombudsman details, request to please check Council of Insurance Ombudsmen website available on <https://www.cioins.co.in/Ombudsman>

If You do not get a satisfactory response from Us and You wish to pursue other avenues for redressal of grievances, You may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

Grievance may also be lodged at IRDAI Integrated Grievance Management System- <https://irdai.gov.in/igms1>

**IMPORTANT NOTE:** Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.

**In addition to the above-mentioned Coverage, are there any add-ons offered under this Product?**

Yes, We have below mentioned Add-on covers under this Product to enhance the coverage which can be opted on payment of additional premium.

| Name of the Add-On | Status / Product UIN |
|--------------------|----------------------|
|--------------------|----------------------|

|   |  |
|---|--|
| Digit Private Car Liability Only - Long Term Breakdown Assistance         | IRDAN158RP0004V02201819/A0015V01202425 |
| Private Car Liability Only - Long Term - Accidental Hospitalization Cover | IRDAN158RP0004V02201819/A0016V01202425 |
| Digit Private Car Liability Only - Long Term - Daily Hospital Cash cover  | IRDAN158RP0004V02201819/A0017V01202425 |

Note: - Kindly refer annexure 1 for detailed information of above mentioned add on covers.

### Annexure 1

#### 1. Digit Private Car Liability Only - Long Term - Breakdown Assistance

If You have opted for this Add on Cover, **You** shall be entitled to one or more of the below mentioned services or benefits from Us or Assistance Service Provider depending on the Plan opted by You under this **Add-On Cover** and as shown in the **Policy Schedule**.

I. **Flat Battery:** In Case of **Your Vehicle** being immobilized due to malfunctioning of battery within the limit specified in the policy schedule **we** will make an alternate arrangement to make **Your Vehicle** mobile.

Provided always that:

- a. **Vehicle** has not already reached a workshop/repairer.
- b. **We** will pay for all labour and conveyance costs towards this assistance.
- c. **You** will bear any Cost of charging/replacement of battery.

II. **Spare Keys:** If **Your Vehicle** keys are lost or the keys are locked inside the vehicle within 50 kms from Your city of residence, we will arrange for pickup and delivery of the spare keys of **Your Vehicle** to the place where the **Vehicle** is located

Alternatively, in the absence of spare keys, **we** will provide the service of unlocking **Your Vehicle** with the help of vehicle technicians at the location of the vehicle. Provided always that:

- a. **We** will pay for all labour and conveyance costs towards this assistance
- b. **You** need to submit an Identity Proof to prove the Ownership of the **Vehicle**.
- c. There is no restriction from vehicle manufacturer in unlocking the vehicle which may lead to electrical or mechanical breakdown of the vehicle.

III. **Flat Tyre:** In Case of **Your Vehicle** being immobilized due to flat tyres within the limit specified in the policy schedule, **we** will assist you in either of the following ways:

- 1) Organize for a vehicle technician to replace the flat tyre with the spare tyre of the vehicle at the location of breakdown

or

- 2) In the event of repairs not being possible at the place of breakdown, arrange to take the flat tyre to the nearest place of repair and deliver the tyre back to the place of breakdown & attach it to **Your Vehicle**.

Provided always that:

- a. **We** will pay the expenses on labour cost and conveyance cost, in relation to point (1) and (2) above,

- b. **You** will bear any expenses on material/spare parts and any other incidental costs, if required while carrying out the repairs

**IV. Minor Repairs:** In Case of **Your Vehicle** being immobilized due to a minor mechanical/electrical fault within the limit specified in the policy schedule, **we** will assist **You** with telephonic assistance to come up with solutions for such minor mechanical errors/faults/non-functioning of the insured's vehicle or sending a vehicle technician to the location of breakdown to carry out the Minor Repairs. Provided always that:

- a. **We** will pay the expenses on labour cost and conveyance cost
- b. Minor Repairs, for the purpose of this Add-On, will be defined as repairs which can be carried out at the location of breakdown/accident, requiring no spares and less than 45 minutes of labour time.

**V. Towing Facility:** In the event of **Your Vehicle** being immobilized or rendered unfit for the purpose of driving on the road which cannot be repaired on the spot of break down or accident, **We** will arrange for appropriate towing services to the nearest **Digit Authorized Repair Shop**.

In case Your vehicle is an electric vehicle and is immobilized due to battery runs out of charge and if battery swap is not available then we will arrange for appropriate towing services to charging station/ vehicle workshop / Your Home / Your Office, whichever is nearest.

Provided always that:

- a. We will bear the cost of Towing the Insured Vehicle up to maximum number of kilometres (as mentioned in the policy schedule) from the place of immobilization of the vehicle, subject to a limit of towing amount (as mentioned in the policy schedule).
- b. Any cost and expenses pertaining to towing of the Insured Vehicle over and above km specified or over and above the limit of towing amount (as mentioned in the policy schedule) shall be borne by **You**.

**VI. Urgent Message Relay to relatives:** If **Your Vehicle** gets immobilized as a result of an accident and/or breakdown, we will arrange to send urgent message to the specified persons, as requested by **You**, through available means of communication.

**VII. Facilitate Finding Closest Dealer:** If **Your Vehicle** gets immobilized as a result of an accident and/or breakdown, we facilitate you in finding closest dealer of your vehicle.

**VIII. Medical Coordination:** If **Your Vehicle** meets with an accident as a result of which **You** and/or any of the travelling passengers requires medical care, **we** will help in arranging ambulance service for transferring such passengers to nearest available Medical Centre/ hospital. We will also arrange for the telephonic contact details of the nearest available Medical Centre.

Provided always that:

- a. You will bear the expenses incurred on availing ambulance services.

**IX. Fuel Assistance (not applicable in case of CNG or Electric Cars):**

1. In case of **Your Vehicle** being immobilized due to emptying of fuel tank within the limit specified in the policy schedule, **we** will arrange for supply of up to **five** litres of fuel, at the location of the breakdown.

2. In case of **Your Vehicle** being immobilized due contaminated fuel or incorrect fuel within the limit specified in the policy schedule, **we** will arrange for towing the Insured's vehicle to nearest garage ( for the purpose of emptying the fuel tank.

Provided always that:

- a. **You** will bear all expenses on fuel
- b. **We** will bear all charges towards the towing of the vehicle
- c. Towing of the vehicle is subject to the terms and conditions as mentioned under – “Towing Facility”.

**X. Battery Charging Assistance (Applicable in case of Electric Cars)**

In case of **Your Vehicle** being immobilized due to battery of your electric vehicle runs out of charge within the limit specified in the policy schedule, we will arrange for a mobile generator van or portable mobile generators at the vehicle location, which will help in charging vehicle battery, provided always that the charging from generator driven van will be available for 30 mins or till the time battery charge reaches 30% (whichever is earlier). Any additional charging cost over and above 30 mins or 30% battery charge will be borne by You.

In the event of We are being unable to arrange for a mobile charging station service, we will arrange for towing service of the vehicle to charging station/ vehicle workshop / Your Home / Your Office, whichever is nearest, subject to terms and conditions as mentioned under – “Towing Facility”.

**XI. Battery Swapping (Applicable in case of Electric Cars)**

In case of Your Vehicle being immobilized due to battery of your electric vehicle runs out of charge with 50 kms from Your of residence, we will arrange for pickup of battery of your vehicle available for swapping from your residence and delivery of the battery at the vehicle location.

- XII. Custody Services:** In case of your vehicle being immobilized due to an accident / breakdown and you wishes to avoid/reduce wait time for the towing vehicle, we will dispatch a custody service that will take possession of your vehicle and allow You to continue Your onward journey.

- XIII. Taxi benefits:** In case of **your vehicle** being immobilized due to an accident / breakdown at max 500 kms away from Your **City of Residence**, **we** shall provide free travel to the occupants of the Insured vehicle to a single destination, subject to maximum of limit as specified in the policy schedule.

Provided always that:

- a. The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident / breakdown.
- b. The number of individuals seated in the Insured vehicle is not more than the maximum seating capacity of the Insured vehicle.

In the unlikely event of **We** being unable to arrange for this service, **we** may request **you** to arrange for the taxi or any other transportation services available on **your** own and submit the bill for the pre - authorized amount for reimbursement to **us**.

- XIV. Accommodation Benefits:** In case of **Your Vehicle** being immobilized due to an accident / breakdown at least 500 kms away from **Your City of Residence**, **We** shall provide occupants of the Insured vehicle with a hotel accommodation / stay arrangement for one-day subject to a per day limit of amount (as specified in policy schedule) per occupant (not exceeding the maximum seating capacity of the insured vehicle) and a maximum total limit as specified in the policy schedule for the actual occupants at the time of loss. Provided always that:

- a. The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident / breakdown
- b. We won't provide accommodation benefits if we have provided taxi benefit.

In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for accommodation on **Your** own and submit the bill for the pre - authorized amount for reimbursement to **Us**.

**XV. Legal Advice:** If **Your Vehicle** meets with an accident, as a result of which **You** require the services of a legal advisor, **we** will arrange for the telephonic contact details of an appropriate legal advisor belonging to a nearby area as requested by **You**.

Provided always that:

- a. **We** will intimate **You** of all charges payable for the services of such legal advisor and all such charges will be borne by **You**.

**XVI. Value added Services:** In order to help you to take care of your vehicle in a better way, we will provide value added services, so that your vehicle is less prone to breakdowns. These value added services include but not limited to your vehicle general check-up, wheel alignment, discount on labour charge for periodic service of car, wheel alignment, car washing and vacuum cleaning, any one consumable (engine oil, coolant) top up (upto 100 ml only). Details of Value added services as available on your policy will be mentioned in your policy schedule.

#### **What are the Specific conditions applicable to this add on cover?**

1. The benefits under 'Breakdown Assistance' can be utilized for a maximum of 4 times (unless specifically mentioned otherwise in the Policy Schedule) during the **Add -On Cover** Policy Year except for 'Fuel Assistance', 'Taxi Benefits' and 'Accommodation Benefits' for which the aggregate utilization limit is 2 times during the **Add-On Cover** Policy Year.
2. Claims made by **You** against **Us** under 'Breakdown assistance' are subject to the terms and conditions set forth under **Car Insurance**.
3. List of cities where we offer breakdown assistance service is available on our website and can be updated from time to time.
4. Value Added Services will be provided through the Company's network garages or through the network of its service providers.

#### **What am I not Covered for?**

In addition to the General Exclusions listed under your **Car Insurance**, **we** shall not be liable to pay any claim whatsoever in the event of the following:

1. Where **Your Vehicle** can be safely transferred on its own power to the nearest dealer/workshop.
2. Any loss or damage caused due to theft, earthquake, acts of terrorism, riots, strikes, Act of God perils like flood, earthquake etc and confiscation, intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies.
3. The cost of any parts, components/consumables or materials used to repair **Your Vehicle**, unless specifically covered under your policy.
4. Repair and labour costs other than 45 minutes of roadside labour on the spot of accident in case of minor repairs.
5. Any loss or damage arising out of any action of **Yours** which violate law of the land.

6. Any loss or damage caused to **Your Vehicle** when it is being used /driven against the recommendation of the owner's / manufacturer's manual.
7. Any claims where services have been availed of without **Our** prior consent.
- A. **WHAT TO DO IN CASE OF BREAKDOWN:** If **Your Vehicle** breaks down please call our Assistance Service Provider or our helpline number [1800-258-5956](tel:1800-258-5956) OR [1800-103-4448](tel:1800-103-4448). Please have the following information ready to share with the call recipient, who will use it to validate Your Policy,
- Your telephone number which our Assistance Service Provider can call **You** back on
  - **Your Vehicle** registration
  - **Your** insurance Policy number
  - The precise location of **Your** Vehicle (or as accurate as **You** can be in the circumstances)
  - **Your** Vehicle make, model and colour together with any specific details, which may assist **Us** in locating You Quickly

We will take **Your** details and ask **You** to remain nearby the mobile phone **You** are calling from. Once our Assistance Service Provider has made all the arrangements, they will contact **You** to advise who will be coming out to **You** and how long they are expected to take. **Your** mobile phone must therefore be switched on and available to take calls at all times. **You** will then be asked to return to **Your** Vehicle. Please remember to guard **Your** safety at all times and remain with or near **Your** Vehicle until the assistance arrives. Once the assistance arrives at the scene, please be guided by their safety advice. If the Police or Highways Agency are present at the scene please advise them that **You** have contacted our Assistance Service Provider or give them our Assistance Service Provider's telephone number to call Assistance Service Provider on **Your** behalf.

**B. Plans Available under the Add on Cover:**

There are 4 plans available under this add on cover. Coverage available under your policy will be as per Plan opted by You and mentioned in the Policy Schedule.

**Yes,** means included;

**No,** means excluded under the respective plans in table

| Break down Assistance Plans       | Basic Plan | Standard Plan | Comprehensive Plan | Platinum Plan |
|-----------------------------------|------------|---------------|--------------------|---------------|
| Flat Battery                      | Yes        | Yes           | Yes                | Yes           |
| Spare Key                         | Yes        | Yes           | Yes                | Yes           |
| Flat Tyre                         | Yes        | Yes           | Yes                | Yes           |
| Minor Repairs                     | Yes        | Yes           | Yes                | Yes           |
| Towing Facility                   | Yes        | Yes           | Yes                | Yes           |
| Urgent Message Relay to relatives | Yes        | Yes           | Yes                | Yes           |
| Facilitate finding closest dealer | Yes        | Yes           | Yes                | Yes           |
| Medical Co-ordination             | Yes        | Yes           | Yes                | Yes           |
| Fuel assistance                   | No         | Yes           | Yes                | Yes           |
| Battery Charging Assistance       | No         | Yes           | Yes                | Yes           |
| Battery Swapping                  | No         | Yes           | Yes                | Yes           |

|                        |    |     |     |     |
|------------------------|----|-----|-----|-----|
| Custody Services       | No | Yes | Yes | Yes |
| Taxi benefits          | No | No  | Yes | Yes |
| Accommodation benefits | No | No  | Yes | Yes |
| Legal Advice           | No | No  | Yes | Yes |
| Value Added Services   | No | No  | No  | Yes |

## 2. Digit Private Car Liability Only - Long Term - Accidental Hospitalization Cover

If You have opted for this Add-On Cover and You and/or any other occupant(s) of the insured vehicle (if opted) sustains an Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, that requires Hospitalization as an inpatient for a minimum period of 24 consecutive hours, We will pay You all Reasonable and Customary Charges that are Medically Necessary Treatment and Incurred in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Add-On Cover:

|                                |   |
|--------------------------------|---|
| <b>Accommodation/Room Rent</b> | Hospital accommodation in a ward, shared or private room.   |
| <b>ICU</b>                     | Intensive Care Unit (ICU) Charges   |
| <b>Professional Fees</b>       | Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.  |
| <b>Medication</b>              | Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure. |
| <b>Diagnostic</b>              | Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.   |
| <b>Theatre Fees</b>            | Operation Theatre Fees  |

### **Additional Inbuilt Covers:**

#### **a. Day Care Procedures**

If You and/or any other occupant(s) of the insured vehicle (if opted) sustains Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, due to which Insured needs to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis (OPD treatment) is not included in the scope of this Cover.

#### **b. Road Ambulance**

We will pay for the expenses incurred on road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- We have accepted claim under accidental hospitalisation, as provided under this add on cover.
- The maximum liability for road ambulance per Hospitalization is restricted to the limit as mentioned in Your Policy Schedule.
- The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such

medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

### **Additional Coverages Provided under this Add Cover**

The add on cover also offers following additional coverage. However, same will be available if specifically opted and mentioned in the Policy Schedule:

#### **i. Accidental Medical Expense cover for Pet**

If specifically opted, we will cover medical expenses (including inpatient and OPD treatment carried out at a veterinary hospital or a veterinary clinic) incurred on treatment of accidental bodily injury of the pet, provided:

- a) The maximum liability for Accidental Medical Expenses cover for Pet is restricted to the limit as mentioned in **Your** Policy Schedule.
- b) Option of any other occupant(s) is opted under the cover.
- c) Your pet sustains accidental bodily injury while travelling in the vehicle and due to the vehicle meeting with an accident.
- d) Treatment of pet is taken at a registered veterinary hospital or veterinary clinic from a qualified veterinary doctor and all valid proof of treatment taken is submitted to the Company.
- e) You should valid documents confirming the ownership of the pet
- f) Any treatment other than accidental bodily injury sustained (while travelling in the Insured vehicle) will not be covered.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

### **What are the Specific conditions applicable to this add on cover?**

1. Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by You and mentioned in the Policy Schedule.
2. Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
3. Maximum number of claims payable during the Policy Year will be as mentioned in the Policy Schedule.
4. Accidental bodily injury sustained by You and/or any other occupant(s) of the vehicle should be in direct relation with insured vehicle.
5. The aggregate liability of the Company for all the occupants covered (including pet) under this cover will be limited up to the Sum Insured mentioned in the Policy Schedule against this add on cover.

### **What am I not Covered for?**

In addition to the General Exclusions listed under your base Private Car Insurance, we shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Any Hospitalization/ treatment which is not related to the covered Accidental Bodily Injury.
- 2. Investigation & Evaluation- Code- Excl04**
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 3. Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon You or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.

4. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**
5. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**
- 6. Unproven Treatments: Code- Excl16**  
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
7. We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
  - a) Suicide or attempted suicide or intentional self-injury
  - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
  - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
8. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
9. Consequential losses of any kind.
10. Any expense on treatment of Insured as outpatient (OPD Treatment).
11. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
12. Prosthetics and other devices NOT implanted internally by surgery.
13. Non-Medical Expenses: Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please visit our website for complete list of non-medical items)
14. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
15. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

### CLAIMS PROCESS

Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Us for processing the reimbursement of the claim amount provided that:

1. We should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to Us.
3. For Claim You shall follow the below Procedure:

- a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e. In case of Your and/ or any other occupant's Death, We shall reimburse the claim amount to Your / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

**Note:** There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 above may be considered where the reason for delay is proved to our satisfaction.

#### **List of Documents**

We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.

- a. Duly Filled and Signed Claim form
  - b. Discharge Summary
  - c. Original Hospital Main Bill
  - d. Original Hospital Bill Breakup of Various Expenses
  - e. Original Pharmacy Bills
  - f. Prescription for the Medicine Purchased (Except Hospital Supply) and investigation done outside the hospital
  - g. Consultation Paper
  - h. Investigation Reports
  - i. Digital Images/CDs of the investigation Procedures (If required)
  - j. MLC/FIR Reports (If applicable)
  - k. Original Invoice/Sticker (If applicable)
  - l. Postmortem Reports (If applicable)
  - m. Attending Physician Certificate (If applicable)
  - n. Death Certificate (If applicable)
  - o. KYC (Photo ID card)
  - p. Bank Details with Cancelled Cheque
  - q. Any other document required on case-to-case basis.
4. If any claim made by You or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, all benefits and the premium paid shall be forfeited.

**DEFINITIONS SPECIFIC TO THIS ADD ON COVER:**

1. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
  - i. has qualified nursing staff under its employment;
  - ii. has qualified medical practitioner (s) in charge;
  - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
2. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
  - i. Undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
  - ii. which will have otherwise required a hospitalisation of more than twenty-four hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
3. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
  - i) has qualified nursing staff under its employment round the clock;
  - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
4. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
5. **Injury/ Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
6. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
7. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
8. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
9. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by

the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The registered practitioner should not be the insured or close member of the family.

10. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
  - (i) is required for the medical management of the illness or injury suffered by the insured;
  - (ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - (iii) must have been prescribed by a medical practitioner;
  - (iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
11. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
12. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
13. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Cover for each insured person for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
14. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
15. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

### 3. Digit Private Car Liability Only - Long Term - Daily Hospital Cash cover

If You have opted for this Add on Cover, We agree to pay a Daily Cash Allowance, amount as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalization arising out of Accidental Bodily Injury sustained by You and/or any other occupants of the insured vehicle (if opted) whilst mounting and dismounting from or driving or traveling in the insured vehicle during the Policy Period, for a maximum number of days as mentioned in Your Policy Schedule.

If You are hospitalized in the **Intensive Care Unit (ICU)** of a hospital for each continuous and completed period of 24 hours, We will pay twice the daily cash allowance mentioned in the policy schedule.

Payment of claim under this add on cover is subject to the time excess as opted and mentioned in the Policy Schedule.

#### What are the Specific conditions applicable to this add on cover?

1. Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by You and mentioned in the Policy Schedule.
2. The maximum period for which the Daily Allowance will be paid to You and/or any other occupants will not exceed the benefit period during the Policy Year, per occupant as opted. This period will be inclusive of the period of stay in Intensive Care Unit of a Hospital during the Policy Period.

3. For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of admission is considered to be a day.
4. Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
5. Accidental bodily injury sustained by You and/or any other occupant of the vehicle leading to hospitalization should be in direct relation with insured vehicle.

### What am I not Covered for?

In addition to the General Exclusions listed under your base Private Car Insurance, we shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Any Hospitalization which is not related to the covered Accidental Bodily Injury
2. Any Hospitalisation directly arising from or consequent upon You or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.
3. Any Hospitalisation directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
  - a) Suicide or attempted suicide or intentional self-injury
  - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
  - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
4. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
5. Consequential losses of any kind
6. Any Hospitalisation arising out of War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
7. Any Hospitalization arising out of Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

### Claims Process

1. We should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to Us.
3. For Claim You shall follow the below Procedure
  - a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
  - b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
  - c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e. In case of Your and/ or any other occupant's Death, We shall pay the claim amount to Your / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

**Note:** There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 may be considered where the reason for delay is proved to our satisfaction.

### **List of Documents**

We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.

- a. Duly Filled and Signed Claim form
  - b. Discharge Summary
  - c. Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)
  - d. Copy of Hospital Main Bill
  - e. Investigation Reports & Consultation Papers
  - f. Attending Physician Certificate (If applicable)
  - g. FIR Reports (if applicable)
  - h. Death Certificate (If applicable)
  - i. \*KYC (Photo ID card) (If applicable)
  - j. Bank Details with Cancelled Cheque
  - k. Any other document required on case-to-case basis.
4. If any claim made by You or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, all benefits under this policy and the premium paid shall be forfeited.

### **DEFINITIONS SPECIFIC TO THIS ADD ON COVER:**

1. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
  - (i) has qualified nursing staff under its employment round the clock;
  - (ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - (iii) has qualified medical practitioner(s) in charge round the clock;
  - (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - (v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

2. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
3. **Injury/ Bodily** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
4. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
5. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.  
The registered practitioner should not be the insured or close member of the family.

#### What is the Period of Add-On Cover?

The Policy Period of the Add-Ons shall be same as the Vehicle Insurance Policy (Base Policy).

#### Is there any provision to cancel the policy?

- Cancellation Condition of the Add-On Cover will be same as that mentioned in Your vehicle Insurance (Base Policy) to which this Add-On Cover is attached.
- Add-On Covers cannot be Cancelled on Standalone basis unless the base vehicle Insurance Policy is cancelled.

#### What am I not covered for?

Exclusions as applicable under section I of Your vehicle Insurance Policy will also be applicable to these Add-on Covers.

#### How do I get the premium amount for insuring the Vehicle?

Based on filled proposal form and information furnished, we will provide you with the premium amount.

#### What do I do in case of a claim?

In case of a claim, we request you to register a claim by contacting our Customer Service No.:1800 258 5956. You can, alternatively, also register a claim by email on: [hello@godigit.com](mailto:hello@godigit.com)

Please keep below details handy at the time of registering claims as this information will help us serve you faster:

Policy Number, Location of Accident, Date and Time of Accident & Contact Number of the Insured/Caller.

**IMPORTANT NOTE:** Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.