

DIGIT GROUP TOTAL PROTECT POLICY**Policy Schedule
(Product UIN)**

Corporate office: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Details of Group Organizer/ Manger / Policy Holder		Policy Details			
Name of the Group Organizer/ Manger / Policy Holder	TVS CREDIT SERVICES LIMITED	Master Policy Number	D248523112		
Address of Group Organizer/ Manger / Policy Holder	NO.29, THIRD FLOOR, JAYALAKSHMI ESTATES, HADDOWS ROAD, NUNGAMBAKKAM CHENNAI, 600006	Policy Issue Date	21-Jan-2026		
Mobile No of contact person of Group Manager	NA	Period of Insurance	From	12-Jan-2026	00:01 Midnight
Email ID	NA		To	11-Jan-2027	00:01 Midnight
Partner Code and Name	1096382	Partner Contact and Email ID	NA		

Coverage Details**Option 1*****Inbuilt - Sum Insured for these Benefits are not separately available but are a part of Section 11. A. Hospitalization Expenses Sum Insured.**

Section with Benefits	Sum Insured (INR) (Total for Named Policies & Per Person for Un-Named Policies)	Limits	Waiting Periods /Time Excess	Co-Payment (%)	Specific Conditions
Section 1: Accidental Death	10,00,000				Sum Insured Basis: Fixed
Section 2: Permanent Total Disability	10,00,000				Sum Insured Basis: Fixed
Section 3: Permanent Partial Disability	10,00,000				Sum Insured Basis: Fixed
Section 25: Critical Illness Benefit Cover	10,00,000	Survival period- 30Days	30Days		Sum Insured Basis: Fixed
Section 28: Loss of Employment	10,674		90Days		Sum Insured Basis: Basis 1
Special Terms and Exclusions	#1 Loss of Employment-Single EMI Amount- 50,000, No of EMIs-3, #2 The policy is valid for a period of loan tenure as mentioned in the Certificate of Insurance or maximum period of 5 years from the Insurance start date or when the loan amount is repaid in full (whichever is earlier). #3 Any pre-existing diseases (illness, conditions, symptoms, existing before the inception of the policy), whether declared or not are not covered. #4 Hospitalization due to maternity not covered. #5 Any arrears or dues pertaining to EMI/ loan is not covered. #6 The insured must be in between 18-60 years of age. #7 The insurance company reserves the right to deny any claim arising from an accident that occurs while the insured is engaging in an activity that violates the laws of the jurisdiction. #7 Hospitalization or Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen are not covered #8 Illness or injury while participating in activities like racing, diving, mountaineering, or illegal acts is not covered. #9 Any congenital (inherited or birth-related) diseases or abnormalities is not covered. #10 Conditions or complications arising from cosmetic, aesthetic, or elective surgeries not medically necessary, is not covered. #11 Any congenital (inherited or birth-related) diseases or abnormalities is not covered #12 Any diagnosis or treatment using unproven or experimental methods not approved by medical authorities, is not covered. Any treatment related to sleep disorder or sleep apnea syndrome is not covered. #13 Ayush Treatment & Domiciliary Hospitalization is not covered. #14 Gross negligence, willful misconduct, or reckless disregard for their own safety or the safety of others is not covered. #15 Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer is not covered. #16 Any voluntary unemployment, self-resignation, or voluntary retirement is not covered. #17 Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature. #18 An unemployment arising out of dishonesty, fraud, misconduct, or willful violations of the laws/regulations of the company by the Insured or any directives issued by a public authority or any disciplinary action against the Insured is not covered.				

	<p>#19The policy does not cover any contractual or consequential liability, except as covered in the Policy or the Certificate of Insurance issued to the Insured.</p> <p>#20 Day care treatment is not covered.</p> <p>#21 Any condition arising out of self-intentional harm or attempted suicide leading to hospitalization is not covered, whether the Insured person is medically sane or insane.</p> <p>#22Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law, is not covered.</p> <p>#23 Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent, is not covered</p> <p>#24The claim amount will be paid to the nominee of the Insured person in case of death claims</p> <p>#25 Loss of employment cover is provided with a maximum of 3 EMIs payable and a maximum sum insured of INR 50,000 per EMI</p> <p>#26 The policy covers the customers of Finnacle who has availed an unsecured loan</p>
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Option 2

***Inbuilt - Sum Insured for these Benefits are not separately available but are a part of Section 11. A. Hospitalization Expenses Sum Insured.**

Section with Benefits	Sum Insured (INR) (Total for Named Policies & Per Person for Un-Named Policies)	Limits	Waiting Periods /Time Excess	Co- Payment (%)	Specific Conditions
Section 1. Accidental Death	10,00,000				Sum Insured Basis: Fixed
Section 2: Permanent Total Disability	10,00,000				Sum Insured Basis: Fixed
Section 3: Permanent Partial Disability	10,00,000				Sum Insured Basis: Fixed
Section 25: Critical Illness Benefit Cover	10,00,000	Survival period- 30Days	30Days		Sum Insured Basis: Fixed
Special Terms and Exclusions	<p>#1Loss of Employment-Single EMI Amount- 50,000,No of EMIs-3,</p> <p>#2 The policy is valid for a period of loan tenure as mentioned in the Certificate of Insurance or maximum period of 5 years from the Insurance start date or when the loan amount is repaid in full (whichever is earlier).</p> <p>#3 Any pre-existing diseases (illness, conditions, symptoms, existing before the inception of the policy), whether declared or not are not covered.</p> <p>#4 Hospitalization due to maternity not covered.</p> <p>#5 Any arrears or dues pertaining to EMI/ loan is not covered.</p> <p>#6 The insured must be in between 18-60 years of age.#7The insurance company reserves the right to deny any claim arising from an accident that occurs while the insured is engaging in an activity that violates the laws of the jurisdiction.</p> <p>#7 Hospitalization or Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen are not covered</p> <p>#8Illness or injury while participating in activities like racing, diving, mountaineering, or illegal acts is not covered.</p> <p>#9 Any congenital (inherited or birth-related) diseases or abnormalities is not covered.</p> <p>#10 Conditions or complications arising from cosmetic, aesthetic, or elective surgeries not medically necessary, is not covered.</p> <p>#11Any congenital (inherited or birth-related) diseases or abnormalities is not covered</p> <p>#12 Any diagnosis or treatment using unproven or experimental methods not approved by medical authorities, is not covered. Any treatment related to sleep disorder or sleep apnea syndrome is not covered.</p> <p>#13Ayush Treatment & Domiciliary Hospitalization is not covered.</p> <p>#14 Gross negligence, willful misconduct, or reckless disregard for their own safety or the safety of others is not covered.</p> <p>#15 Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer is not covered.</p> <p>#16Any voluntary unemployment, self-resignation, or voluntary retirement is not covered.</p> <p>#17 Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.</p> <p>#18 An unemployment arising out of dishonesty, fraud, misconduct, or willful violations of the laws/regulations of the company by the Insured or any directives issued by a public authority or any disciplinary action against the Insured is not covered.</p> <p>#19The policy does not cover any contractual or consequential liability, except as covered in the Policy or the Certificate of Insurance issued to the Insured.</p> <p>#20 Day care treatment is not covered.</p> <p>#21 Any condition arising out of self-intentional harm or attempted suicide leading to hospitalization is not covered, whether the Insured person is medically sane or insane.</p> <p>#22Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law, is not covered.</p> <p>#23 Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent, is not covered</p> <p>#24The claim amount will be paid to the nominee of the Insured person in case of death claims</p> <p>#25 Loss of employment cover is provided with a maximum of 3 EMIs payable and a maximum sum insured of INR 50,000 per EMI</p> <p>#26 The policy covers the customers of Finnacle who has availed an unsecured loan</p>				

Important Notice

1. ***Cheque dishonor / Non-receipt of payment:** The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment
2. This insurance cover is subject to standard policy wordings, exclusions and conditions as per "Digit Group Total Protect Policy" issued to the Master Policyholder. A copy of the terms and conditions shall be shared with you. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
3. The coverage has been provided basis information provided by the Group Organizer/Manager/Policy Holder to us and the policy is not valid, if any of the information provided is incorrect.
4. The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification please call our Call Center Number 1800 103 4448.
5. Enclosure: Annexure 1 – Claims Procedure and Documentation

Some Fields are optional**80 D Certificate**

This is to certify that Mr./ Ms. _____ has paid Rs. _____ towards Health Insurance for Period from DD/MM/YYYY to DD/MM/YYYY and Policy / Certificate of Insurance Number: _____ as mentioned above and is eligible for Deduction under Section 80-D of Income Tax (Amendment) Act, 1986.

Claim Administrator Details**Contact Details****1800-103-4448****Email Id****Healthclaims@godigit.com**

For & On Behalf of Go Digit General Insurance Ltd.

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru- 560009 - KARNATAKA. GST Reg No.: 19AACCO4128Q1ZX, HSN:997133/ General Insurance Services



Authorized Signatory
Printed, Signed and Executed at Bangalore

In case of any claim, please contact our 24-Hour Call Centre at **1800 103 4448** or email us at 'hello@godigit.com'.

Go Digit General Insurance Ltd, Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158, CIN U66010PN2016PLC167410, GST Reg. No: 27AACCO4128Q1Z0, GSTIN Address: Go Digit General Insurance Ltd, 1st to 6th Flr, Ananta One, Pride Hotel Lne, Narveer Tanaji Wadi, Pune, Maharashtra, PIN-411005. Website: www.godigit.com

ANNEXURE 1**CLAIMS NOTIFICATION AND PROCEDURE**

If the Insured Person meets any accidental injury or suffers from Critical illness or any specific condition covered under the Policy that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:

1. Cashless Claim Process (Applicable Only for "Section 11. Accidental Hospitalization Cover"):

Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:

1. We are given a notice within 24 Hours of hospitalization in case of an emergency situation
2. For Cashless Facility You shall follow the below Procedure:
 - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
 - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
 - c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
 - d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.

- e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
- f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
- g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

2. Reimbursement Claim Process

A. For all Section with Accidental Hospitalization Cover

Reimbursement 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 Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. Within 30 Days from the date of discharge, You should submit all original documents pertaining to the hospitalization as mentioned is the List of Claim Documents.
 - b. On receipt of intimation from You regarding a claim under the Policy, We are entitled to investigate and obtain information on the alleged injury or illness requiring hospitalization, if required,
 - c. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.
 - d. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule/Certificate of Insurance or Your 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 A.1 and A.2.a above may be considered where the reason for delay is proved to our satisfaction.

B. For All Other Covers without Accidental Hospitalization Cover

Upon the occurrence of any event that may result in a Claim under this Policy, then as a condition precedent to our liability:

- a) Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b) Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends, where ever required.
- c) Insured Person must take reasonable steps to lessen the consequence of Bodily injury.
- d) Insured Person should allow examination by our medical advisors if we ask for this.
- e) Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f) In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.
- g) All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be

liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.

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 a and f above may be considered where the reason for delay is proved to our satisfaction.

List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
Section 1. Accidental Death Section 24. Adventure Sports Cover Section 7. Orphan Benefit For Children	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). • Attested Copy of Post Mortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit)
Section 2. Permanent Total Disablement Section 3. Permanent Partial Disablement Section 24. Adventure Sports Cover	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Disability assessment report from Digit empanelled medical specialist (if required)
Section 4. Loss of Income Benefit	<ul style="list-style-type: none"> • Attested copy of FIR. (If required) • All Investigation reports confirming the disability • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability • Certificate from Treating doctor with date of full recovery & resuming of duties

Section 5. Children Education Benefit	<ul style="list-style-type: none"> Bonafide Certificate from School / College or Certificate from the Educational Institution
Section 6. Marriage Expense for Children Benefit	<ul style="list-style-type: none"> Proof of Relationship with the Insured Person Photo Identity Proof of Child Age Proof of the Dependent Child
Section 8. Funeral Expenses	<ul style="list-style-type: none"> Original Invoice of Expenses Incurred during Funeral.
Section 9. Transportation Expenses	<ul style="list-style-type: none"> Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains.
Section 10. Trauma Counselling	<ul style="list-style-type: none"> Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement Original Invoice of Expenses Incurred for Counselling. Medical Practitioner's letter advising Counselling. Treatment plan for Counselling from Specialist.
Section 11. Accidental Hospitalization Cover Section 13. Long Hospitalization Cash Benefit Section 14. Daily Hospital Cash Cover	<ul style="list-style-type: none"> Discharge Summary Original Hospital Main Bill Original Hospital Bill Break Up of Various Expenses Original Pharmacy Bills Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital Consultation Papers Investigation Reports Digital Images/CDs of the Investigation Procedures (if required) MLC/FIR Report (If applicable) Original Invoice/Sticker (If applicable) Post Mortem Report (If applicable) Attending Physician Certificate (If applicable) Death Certificate (If applicable)
Section 12. Home (Domiciliary) Hospitalization	<ul style="list-style-type: none"> Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) Original Pharmacy Bills Consultation Papers Original Investigation bills and Reports Original Invoices in respect of payment made to the treating Medical Practitioner.
Section 15. Out-patient Benefit	<ul style="list-style-type: none"> Consultation Papers Original Investigation bills and Reports Digital Images/CDs of the Investigation Procedures (if required) Original Pharmacy Bills
Section 16. Emergency Air Ambulance	<ul style="list-style-type: none"> Original bills and receipts paid for the transportation from Registered Ambulance Service Provider Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.

Section 17. Coma Benefit Cover	<ul style="list-style-type: none"> • Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma.
Section 18. Fracture Cover	<ul style="list-style-type: none"> • X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details • Discharge Summary (if Hospitalized)
Section 19. Burns cover	<ul style="list-style-type: none"> • Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable) • Discharge Summary (if Hospitalized)
Section 20. Lifestyle Modification	<ul style="list-style-type: none"> • Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications.
Section 21. Expense for External Aids and Appliances	<ul style="list-style-type: none"> • Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance
Section 22. Compassionate Visit	<ul style="list-style-type: none"> • Letter from Medical Practitioner advising presence of Immediate Family Member. • Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel • Age Proof of the Person who has visited the Insured
Section 23. Miscarriage Due to Accidental Injury	<ul style="list-style-type: none"> • Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury. • Medical Reports & Investigations Done • Discharge Summary (if applicable)
Section 25. Critical Illness Section 26. HIV Cover	<ul style="list-style-type: none"> • Medical Reports/ Records • Investigation Tests Report • Copy of Hospital Summary/Discharge Card • Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference.
Section 27. EMI Protection cover	<ul style="list-style-type: none"> • Current Outstanding Loan Certificate from Financer. • Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure. • Certificate from HR with details of medical leave availed during the period of Injury. • Copy of Address Proof (Ration Card or Electricity Bill Copy).

	<ul style="list-style-type: none"> • In Case of Death <ul style="list-style-type: none"> ○ Attested Copy of Death Certificate. ○ Death Summary/Certificate from the hospital authority (wherever applicable) ○ Burial Certificate (wherever applicable). ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). ○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). ○ Attested Copy of Post Mortem Report (Only if conducted). ○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> ○ Attested Copy of disability certificate from relevant government Medical authority. ○ Attested copy of FIR. (If required) ○ All Investigation reports confirming the disability. ○ Complete Treatment record with follow-up documentation. ○ Disability assessment report from Digit empanelled medical specialist (if required)
<p>Section 28. Loss of Employment</p>	<ul style="list-style-type: none"> • Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. • Appointment Letter • Latest Copy of Salary Revision, if any. • Last 3 Months Salary Slip • Form 16 • Loan Account Statements duly signed by the Financial Institution. • Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. • Appointment Letter Employer if Re employed • Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving • Form 26AS which shows tax deducted at source • Income tax return for relevant financial year • Self-declaration • Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the insured has not found any job or has not started working again in family business or started his / her own venture.

For the purpose of Claims clarification, we may require additional documents in case of any insured event arising leading to claim.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim