Claim Intimation Sheet - Employee Compensation

Policy and Loss Details	
Policy Number / Certificate Number	
Insured Name and Address	
Date and Time of Incident	
Accident Location (Complete Address with PIN Code)	
Cause of Loss / Incident / Accident	
Description of the Incident / Accident	
Nature of Injury	Death/ PTD / PPD / Temporary Disablement
Estimated Loss in ₹ (Provisional)	
Contact Person Name, Phone No & Email ID	
Claim reporting Person Name, Phone No & Email ID	
Hospitalization Details, if any	
Your Claim Reference number, if any	
Any Other Details	
Employee Details	
Name, Sex & Date of Birth of Employee	
Full Postal Address of Employee	
Date of Joining Employment	
Employee Job Description	
Approximate Salary / Wages per Month	
Digit Contact Details	
Email ID	nonmotor.claims@godigit.com
Toll Free Number	1800-103-4448, hello@godigit.com

Go Digit General Insurance Limited

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