

Proposal Form No: _____
(To be filled in by the office)

INDUSIND PRIVATE CAR PACKAGE POLICY – 3 YEARS PROPOSAL FORM

Note: 1) Policy wording are available on request. 2) Please complete all sections in capitals & tick boxes wherever applicable. 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void ab initio 4) Geographical Area of operation: INDIA.

Policy Duration: 3 Years Own Damage and 3 Years Third Party Liability

For Office Use Only

| | | |
|------------------------|--------------------|----------------|
| Policy Number | Proposal Form Date | DD / MM / YYYY |
| Inspection Lead Number | Reference No. | |

Intermediary Details (To be filled in BLOCK LETTERS)

| | |
|--------------------|------|
| Intermediary Name | Code |
| Branch Name | Code |
| Sales Manager Name | Code |

To be filled in by the customer

| | |
|----------------|--|
| Type of Policy | <input type="checkbox"/> New <input type="checkbox"/> Roll Over <input type="checkbox"/> Renewal <input type="checkbox"/> Endorsement <input type="checkbox"/> Others Please Specify |
|----------------|--|

Details of Vehicle Type

| Vehicle Make | Vehicle Model & Variant | Year and Month of Manufacture | Cubic Capacity | Seating Capacity (including Driver) | Vehicle Registration Number | Date of Registration DD/MM/YYYY |
|-------------------------------|---|--|--|-------------------------------------|-----------------------------|------------------------------------|
| Is the Vehicle Made in India? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Premium: | ₹ | RTO Authority: | | | | |
| Engine No.: | Chassis No.: | | | | | |
| Type of body: | Seating Capacity including driver: | | | | | |
| Fuel Type: | <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Others | | | | | |
| EV Motor Number: | EV Battery Capacity in kWh: | | | | | |
| EV Battery Serial Number: | Fast Tag: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Vehicle Driven by: | Area of Operation: | | | | | |
| Vehicle Sub Class: | Policy Class: | | | | | |

Details of the Insured

| | | |
|--------------------|---|--|
| Insured Type | <input type="checkbox"/> Individual <input type="checkbox"/> Company | |
| Insureds Full Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/S (If Company is selected above) | |
| Address | Permanent Address | Correspondence Address (Where vehicle is going to be kept) |
| Flat / Building: | | |



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| | |
|--|---|
| Road/Street/Sector: | |
| Area/Village/Taluka | |
| Landmark: | |
| City: | |
| Pin Code: | |
| State: | |
| Landline: | |
| Mobile: | |
| #Email: | |
| Source of Funds: | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |
| Monthly Income: | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above |
| Do you have a GST Registration Number: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes please specify | |
| Where do you park your vehicle? | <input type="checkbox"/> Road Side Parking <input type="checkbox"/> Open Garage Parking <input type="checkbox"/> Pay And Park <input type="checkbox"/> Open with Residential Compound <input type="checkbox"/> Stilt parking |
| Are you an existing IndusInd General Insurance Customer? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide the Policy No. : |
| Period of Insurance (Own damage) | From H H : M M Hrs of D D / M M / Y Y Y Y To Mid Night of D D / M M / Y Y Y Y |
| Period of Insurance (Third Party) | From H H : M M Hrs of D D / M M / Y Y Y Y To Mid Night of D D / M M / Y Y Y Y |
| Related Party | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have PUC: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company) | |
| *The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at [IGI email address]. | |

CKYC Details – Section I

| | | |
|--|--|---------------------------------|
| Date of Birth | D D / M M / Y Y Y Y | |
| PAN No. Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide PAN No.: |
| If PAN No. Not available (Only Applicable for individuals) | Please attach Form 60 duly signed & attested. | |

Insured's CKYC Details – Section II (Individuals)

| | | |
|----------------------------------|---|----------------------------------|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: | |
| | 1. <input type="checkbox"/> Driving License 2. <input type="checkbox"/> Passport 3. <input type="checkbox"/> Voter ID | |



Insured's CKYC Details – Section III (Other than Individuals)

| | | |
|----------------------------------|--|----------------------------------|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: |
| Date of Incorporation | D D / M M / Y Y Y Y | |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: 1. <input type="checkbox"/> Certificate of Incorporation 2. <input type="checkbox"/> Memorandum and Articles of Association 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) 5. <input type="checkbox"/> Trust Deed (Trusts and Foundations) | |

Insured's CKYC Details – Section IV

If Name and Address is not the same as per the attached documents
Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

Details of Vehicle Type and Use

Whether the Vehicle is driven by Non – conventional Source of Power: Yes No

If Yes: Bi Fuel CNG LPG Electric

| Policy Year | Insured's Declared Value (IDV) of vehicle Chassis Body | Non - electrical accessories fitted to the vehicle (₹) | Electronic accessories fitted to the vehicle (₹) | Side car (two wheeler) Trailer (Pvt. Cars) (₹) | Value of CNG/ LPG Kit Bi Fuel (₹) | Total Value (₹) |
|----------------------|--|--|--|--|-----------------------------------|-----------------|
| 1 st Year | | | | | | |
| 2 nd Year | | | | | | |
| 3 rd Year | | | | | | |

Add On Covers (Subject to Availability and Eligibility)

| | |
|--------------------------------------|---|
| a. Nil Depreciation Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Easy Monthly Installment Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please choose any one option | <input type="checkbox"/> Plan I - 1 EMI, EMI Amount: ₹ _____ <input type="checkbox"/> Plan II - 2 EMIs, EMI Amount: ₹ _____ <input type="checkbox"/> Plan III - 3 EMIs, EMI Amount: ₹ _____ |
| c. Return to Invoice | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Road Tax Amount Paid: | ₹ _____ |
| Registration Charges Paid: | ₹ _____ |
| Do you have invoice of vehicle: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Invoice value of the vehicle: | ₹ _____ |
| d. Tyre Protector: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| No Claim Bonus Retention Applicable: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specifications of Tyres & Tubes | Width in mm: _____ Aspect Ratio: _____ Tyre Serial Number: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ |
| e. Rim Protector | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| No Claim Bonus Retention Applicable: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | |
|--|--|
| Specification of Rims | Width in mm: _____ Aspect Ratio: _____ Rim Serial Number: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ |
| f. Hospital Cash Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sum Insured: | <input type="checkbox"/> ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 3000 <input type="checkbox"/> ₹ 4000 <input type="checkbox"/> ₹ 5000 |
| No. of Days: | <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 |
| Convalescence Benefit SI: | <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 15000 |
| g. NCB Retention Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Consumable Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Engine Protect Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Key Protect Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Daily Allowance Benefit Plus | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Per Day Allowance: | ₹100 _____ (Can only be opted for ₹100 or multiple of ₹100) |
| Coverage Days Opted: | <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 |
| l. Loss of Personal Belongings | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sum Insured: | ₹ _____ |
| m. Voluntary Deductible: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary Deductible Amount Opted: | ₹ _____ |
| n. Cover for Replacement Car | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o. Electric Vehicle Battery Protection Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to cover the Secondary EV Battery: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, | Secondary EV Battery Serial Number: _____ |
| No. of claims | |
| Depreciation to be covered | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p. Electric Motor Protect Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of claims | |
| Depreciation to be covered | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| q. Electric Vehicle Charger Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you want to cover the Secondary EV Battery Charger: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, | Secondary EV Charger Serial Number: _____ |
| No. of claims | |
| Depreciation to be covered | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| r. Assistance Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Refer Annexure 1 for more details) |
| Whether the Car is Certified as Vintage Car by Vintage and Classic Car Club of India? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whether the Vehicle is fitted with Fibre glass tank? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the vehicle fitted with any Anti-theft device? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a member of Automobile Association of India ? If yes, please submit membership copy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whether the Vehicle is used for Driving Tuitions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whether use of Vehicle is limited to Own Premises? (Only if not Licensed for General Road use by RTO). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? If so, is the duty element included in the IDV? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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| | |
|---|--|
| Whether the Vehicle is design for use of Blind/Handicapped/ Mentally Challenged Person? (Attach self – attested RC Copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of purchase of the Vehicle by the Proposer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whether the Vehicle at the time of purchase was | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Personal Accident Cover Section

Do you want to include Personal Accident Cover: Yes No

If Yes, Please give details of nomination

| Name | Name of Nominee | Age of Nominee | Name of Appointee (if Nominee is Minor) | Relationship | Address |
|------|-----------------|----------------|---|--------------|---------|
| | | | | | |
| | | | | | |

Note:

1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D.
2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

If No, Please tick on the option below:

- Owner / Driver has an existing Personal Accident Cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at ₹ 15 lakhs
- Owner does not have a valid Driving License
- The insured vehicle is not owned by an individual

Do you wish to cover Legal Liability to?

| | |
|--|--|
| a. Driver | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes then, No. of Drivers | |
| b. Other Employees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Unnamed Passengers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes then, No. of Unnamed Passengers | |

Do you wish to include Personal Accident (P.A.) Cover for Named persons? (optional) Yes No

If yes, give give the No. of passengers to be covered along with name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 2 lakhs in the case of Private cars.

| No. of Passengers to be covered | Name | CSI Opted (₹) |
|---------------------------------|------|---------------|
| | | |
| | | |

Do you wish to include P.A. Cover for unnamed persons/hirer/pillion passengers (two wheelers)? Yes No

If yes, give the number of persons to be covered along with name and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs. 2 lakhs in the case of Private cars

| No. of Unnamed Passengers to be covered | Name | CSI Opted (₹) |
|---|------|---------------|
| | | |
| | | |



| Details of Hire Purchase / Hypothecation / Lease | |
|--|---|
| Please state if the vehicle is under | <input type="checkbox"/> Hire purchase <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Hypothecation Agreement |
| If so, give name and address of concerned parties. | |
| Full Name: | M/s |
| Address: | |

| Other Details | |
|--|--|
| Extension of Geographical Area: Whether extension of Geographical Area to the following countries required? | <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka |
| Will the Vehicle be used exclusively for | |
| a. Private, Social, Domestic, Pleasure & Professional Purposes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Carriage of goods other than samples or personal Luggage | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the Vehicle in good condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No" Please give Full Details | |
| Any Other Material facts relevant for this Insurance? | |

| Details of Previous Insurance | | | |
|--|--|--|---------|
| Full Name of Previous Insurer | | | |
| Address | | | |
| Type of Policy | <input type="checkbox"/> Package Policy <input type="checkbox"/> Liability <input type="checkbox"/> Bundled <input type="checkbox"/> SAOD <input type="checkbox"/> Long Term | | |
| Previous Own Damage Policy Number | Previous Own Damage Policy Expiry Date | D D / M M / Y Y Y Y | |
| If SAOD is selected then please fill the below details | | | |
| Previous Third Party Liability Policy Number | Previous Third Party Liability Policy Expiry Date | D D / M M / Y Y Y Y | |
| Claims taken in previous policy | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, No. of Claims | Claimed Amount: | ₹ _____ | |
| Are you entitled for No Claim Bonus | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, No Claim Allowed under previous policy | _____ % |

| Risk Inclusions | |
|---|--|
| Please select the higher deductible if you wish to opt for over and above the compulsory deductible | |
| Private Car | <input type="checkbox"/> ₹2500 <input type="checkbox"/> ₹5000 <input type="checkbox"/> ₹7500 <input type="checkbox"/> ₹15000 |
| Extension of Geographical Area: Whether extension of Geographical Area to the following countries required? | <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Maldives <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka |
| Any Other Material facts relevant for this Insurance? | |

| Risk Details | |
|--|--|
| Has any insurance company ever | <input type="checkbox"/> Declined your proposal <input type="checkbox"/> Required an increase in premium <input type="checkbox"/> Cancelled or Refused Renewal <input type="checkbox"/> Imposed Special Condition or Excess |
| Does the driver suffer from defective vision or hearing or any physical infirmity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Please give Details | |
| Has the driver ever been involved or convicted for causing any accident involving third party loss | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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If yes, Please give details as under including the pending prosecution if any:

| Drivers Name | Date of Accident | Circumstances of Accident | Loss / Cost |
|--------------|------------------|---------------------------|-------------|
| | | | |

Change of Vehicle ownership in previous policy: Yes No

Payment Details

Payment frequency: Lumpsum Half-yearly Quarterly 3 Months 6 Months 9 Months

Cash Credit Card Others Cheque DD

Cheque / DD No.: _____ Cheque / DD Date: _____ D D / M M / Y Y Y Y

Proposer's Bank Details (in case of Refund)

Name of the Bank Account Holder: Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Bank Account No.: _____ Account Type: Saving Current

Name of the Bank _____

Branch _____

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

*Please attach a copy of signed cancelled cheque of the Bank Account of the insured only

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

NOMINEE'S DETAILS. Please give details of nomination

| Name of the Nominee | Age of Nominee | Name of Appointee (if Nominee is Minor) | % of Claim | Relationship | Address | Mobile | Email |
|---------------------|----------------|---|------------|--------------|---------|--------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NOMINEE'S BANK DETAILS

Name of the Bank Account Holder: Mr. Ms. Mrs. F I R S T M I D D L E L A S T

Bank Account No.: _____ Account: Saving Current

Name of the Bank _____

Branch _____

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| | |
|--|--|
| MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) | |
| IFSC Code (11 character code appearing on your cheque leaf) | |
| <input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. | |

PEP DECLARATION:

| | |
|--|--|
| Are you a Politically Exposed Person (PEP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please mention the position held | |
| Is any of your close relation or family member a PEP? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please mention the name and relation and the position held by such close relative/family member. | |

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
- I understand that the Company has the right to call for document to established sources of funds.
- The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

| | |
|----------------------|---|
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Non- Indian, If Non Indian please specify the country |
| Type of Organization | <input type="checkbox"/> Corporations <input type="checkbox"/> Government <input type="checkbox"/> Non Government Organizations <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> International Organization <input type="checkbox"/> Cooperatives <input type="checkbox"/> Section 25 companies |

E-Account Opening

IndusInd General Insurance recommends to move towards a smarter and faster way of transacting by opening an e-Insurance account. Check here to opt in for E-Insurance account.

(Please click on the link sent to you on your registered mobile no through SMS and complete the e-IA Registration form)

Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company.

- I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited.



- I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/ allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations.
- I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by IndusInd General Insurance shall stand suspended.
- I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance Co.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
- I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.
- I/We hereby confirm that the product details have been explained to me to my satisfactory level.
- For Specially abled persons, I/We hereby confirm that the product details have been explained to me to my satisfactory level by authorized person.

This proposal form was completed by

Name _____

Place: _____

Date: D D / M M / Y Y Y Y

Date: D D / M M / Y Y Y Y

Signature of Authorized Person
(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/Broke _____ Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Place: _____

Date: D D / M M / Y Y Y Y

Signature of IRDAI Agent/Broker

(In case of Direct Business, Name & Signature of CSO / SM to be taken)



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Important Notice

- In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
- For preferred cashless garage list, please logon to our website or speak to customer care executive. IGI cannot provide cashless claim settlement at garages other than those in our network list*.
- Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically . You can download our claim form and claim procedure.

Also view claim status on our website. Insurance is the subject matter of solicitation.

* conditions apply.

Declaration for Data Sharing and Analytical Review

I, [Policyholder's Name], holder of Policy Number XXXXXXXXXXXXXXXXXXXX, hereby acknowledge and agree that [Insurance Company Name] may collect, store, process, and share my personal and policy-related information, including but not limited to my name, contact details, vehicle details, claim history, and driving behaviour, for the purpose of data analysis, risk assessment, fraud prevention, and service enhancement.

I understand that:

My information may be shared with third-party agencies, reinsurers, and regulatory authorities as required by law and for legitimate business purposes.

The data will be used for analytics, premium calculation, and improving insurance products and services.

The insurance company will implement reasonable security measures to protect my data against unauthorized access.

My consent is voluntary, and I have the right to withdraw it at any time by providing written notice, subject to applicable laws and regulations.

By signing below, I confirm that I have read and understood this declaration and give my consent for the use of my information as described above.

Policyholder's Name:: _____

Date: _____

Signature _____

Annexure 1 – Assistance Covers Section

| Section | Covers | Sub Section | Coverage Selection (Please tick to select) | Coverage Radius | Sum Insured/ Limits | Criteria |
|----------|--|--|--|-----------------|---|---|
| 1 | 24/7 Road Side Assistance (Mandatory) | | | | | |
| 1.1 | Emergency Towing | Accidental Towing Services Breakdown Towing Services Towing or Battery Generator for EV Battery Drainage and/or Malfunction | Mandatory | ___ kms | Not Applicable | Minimum of 25 km with multiples of 5 km. |
| 1.2 | On-Site Assistance | Minor Repair Flat Battery or Jump Start Spare Key Retrieval and or Services of Keys Locked inside Service of Flat Tyre | | | | |
| 2 | Fuelling Service (Optional) | | | | | |
| 2.1 | Emergency Fuel | Fuel Delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes ___ kms | Not Applicable | Minimum of 25 km with multiples of 5 km |
| 2.2 | Wrong Fuelling | Towing of the insured vehicle Expenses for Draining and Flushing the fuel tank | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR____, Max of 2 claims in a policy period | Minimum of INR 3000 with multiples of 1000 INR. |
| 3 | Emergency Medical Assistance (Optional) | | | | | |
| 3.1 | Medical Assistance | Ambulance contact, Medical facility contact, Emergency Message Transmission Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | Max of 2 contacts | - |



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| | | | | | | |
|----------|--|--|--|----------------|---|--|
| 3.2 | Emergency Road Ambulance Service | Emergency Road Ambulance Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes INR_____ | Minimum of INR 3000 with multiples of 1000 INR |
| 3.3 | Emergency Air Ambulance Service | Emergency Air Ambulance Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR_____ | Options available 1 lakh and multiples thereof 1 lakh |
| 3.4 | Blood Transfusion Services | Reimbursement towards Blood Transfusion | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes INR_____ | Minimum of INR 3000 with multiples of INR 1000 |
| 3.5 | Transportation Benefit | Radio Cab expenses for nearest Hospital | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR_____ | Minimum of INR 2000 with multiples of INR 1000 |
| 3.6 | Accidental Medical Expenses | Hospitalization expenses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR_____, for _____ passengers including driver, on floater basis | Options available: INR 1 lakh, 2.5 lakh, 5 lakh |
| 3.7 | Companion Accommodation | Companion Hotel Stay expenses during Hospitalization of minimum 24 hours | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes INR_____ per Policy Period | Minimum of INR 3000 with multiples of INR 1000 |
| 4 | Legal Assistance Cover (Optional) | | | | | |
| 4.1 | Legal Advisor | Legal Consultation in case of Accident | | | Not Applicable | Not Applicable |
| 4.2 | Legal Expenses – Third Party | Legal expenses for criminal case on Owner/ Driver during and Accident | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR_____ | Minimum of INR 5000 with multiples of INR 5000 |
| 4.3 | Legal Expenses – Theft Recovery | Legal Expenses related to Theft vehicle recovery | | | | |
| 5 | Flood Assistance (Optional) | | | | | |
| 5.1 | Vehicle Transportation | Retrieval and transportation of the vehicle to garage | | | If Yes _____ km | Minimum of 25 km with multiples of 5 km |
| 5.2 | Drying and Cleaning services | Drying services and interior cleaning following a flood | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR_____ | Minimum of INR 3000 with multiples of INR 1000 |
| 6 | Value Added Services (Optional) | | | | | |
| 6.1 | Reminder and Advisory | Reminders for various documentation like P.U.C., Driving License, Services etc | | | Not Applicable | Not Applicable |
| 6.2 | Loss of documents | Cost of Obtaining Duplicate documents | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | If Yes INR_____ Maximum 1 claim in a policy period | Minimum of INR 1000 with multiples of 1000 INR. |
| 6.3 | Chauffer on Demand | Chauffer services | | | Not Applicable | Not Applicable |



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| | | | | | | |
|----------|--|--|--|--------------------------------|--|---|
| 6.4 | Continuation/Return Journey - Taxi Support | Continuation/Return Journey - Taxi | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outside of 20 kms | If Yes INR_____ | Minimum of INR 1000 with multiples of INR 1000 |
| 6.5 | Hotel Accommodation | Hotel Stay expenses during vehicle repair if repair exceeds 48 hours | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outside of 250 kms | If Yes INR_____ | Minimum of INR 1000 with multiples of INR 1000 |
| 7 | Preventive Care Services (Optional) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | As specified in annexure | Not Applicable |
| 8 | Travel Assistance Services (Optional) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8.1 | Missed air travel cover | Reimbursement of Non-refundable ticket cost | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes INR_____; | Minimum of INR 5000 with multiples of INR 1000 |
| 8.2 | Missed Train and Bus Travel Cover | Reimbursement of Non-refundable ticket cost | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not applicable | ____ incidences in a Policy Period | |
| 8.3 | Missed Event Cover | Reimbursement of Non-refundable ticket cost | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8.4 | Physical Wallet Assure | Reimbursement for physical wallet lost due to accident | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes Outside of _____ kms | | |
| 8.5 | Concierge Services | Concierge assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | | Not Applicable |
| 9 | Service Guarantee (Built-in) | | Available | | If Yes INR_____ per incidence | Not Applicable |

Note: The Short Description is indicative and provided only for reference. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage.

Note: The Short Description is indicative

- The Short Description is indicative and provided only for reference. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage
- If the Insured Vehicle is immobilized due to breakdown, and is eligible for services, but as an exception, the Insured is not able to avail the eligible assistance, the Insured shall be reimbursed the costs incurred toward the above-listed services not exceeding the Exception Reimbursement Limit of ₹ _____ for these services.

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