

INDUSIND PRIVATE CAR POLICY- BUNDLED - PROPOSAL FORM

Note: 1) Policy wordings 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. 4) Geographical Area of operation: INDIA.

FOR OFFICE USE ONLY

Policy Number:	Date:	DD / MM / YYYY
Reference No:	Inspection Lead No.:	

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name:	Code:
Branch Name:	Code:
Sales Manager Name:	Code:

Type of Policy: New Roll Over Renewal Endorsement Others Please Specify

DETAILS OF VEHICLE TYPE AND USE

Vehicle Make	Vehicle Model	Year and Month of Manufacture	Cubic Capacity	Seating Capacity	Registration Number	Date of Registration

Premium:	₹ _____	RTO Authority:
Engine no:		Chassis Number:
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:		Vehicle Driven By:
Area of Operation:		Vehicle Sub Class:
Policy Class:		

DETAILS OF THE INSURED

Proposers Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat/Building/Door/Block No.:	
Road/Street/Sector:	
Area/Village/Taluka:	
Landmark:	
City:	
Pin Code:	
State:	
Landline:	
Mobile:	
#Email:	Blood Group:



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
Where do you park your vehicle?	
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:	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
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 [RGI email address].	
(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.)	

Insured's 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. Limit Sure – Pay as you Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	Select Kilometer Opted: <input type="checkbox"/> 2500 KM <input type="checkbox"/> 3500 KM <input type="checkbox"/> 4500 KM <input type="checkbox"/> 5500 KM <input type="checkbox"/> 6500 KM <input type="checkbox"/> 7500 KM <input type="checkbox"/> 8500 KM <input type="checkbox"/> 9500 KM <input type="checkbox"/> 10500 KM <input type="checkbox"/> 11500 KM <input type="checkbox"/> 12500 KM <input type="checkbox"/> 13500 KM <input type="checkbox"/> 14500 KM <input type="checkbox"/> 15500 KM
Odometer Reading on Risk Start Date	_____ KM
b. Nil Depreciation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. 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: ₹ _____
d. Return to Invoice (Applicable only for Annual Policy)	<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 vehicle:	₹ _____
e. Tyre Protector (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specifications of Tyres & Tubes	
f. Rim Protector (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specification of Rims	
g. Hospital Cash Cover (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured:	₹ _____
No. of Days:	
Convalescence Benefit SI:	₹ _____
h. NCB Retention Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Consumable Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Engine Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Key Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Daily Allowance Benefit Plus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per Day Allowance:	₹ _____
Coverage Days Opted:	₹ _____
m. Loss of Personal Belongings (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured:	₹ _____
n. Voluntary Deductible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Deductible Amount Opted:	₹ _____


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o. Any other details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Cover For Replacement Car	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Battery Protection Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	Battery Serial Number:
No. of claims	Maximum ____ claims shall be admissible in a Policy Year
Depreciation	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
r. Electric Motor Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	Electric Motor Number:
No. of claims	Maximum ____ claims shall be admissible in a Policy Year
Depreciation	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
s. EV Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes	EV Charger Serial Number:
No. of claims	Maximum ____ claims shall be admissible in a Policy Year
Depreciation	<input type="checkbox"/> Same as Base Policy <input type="checkbox"/> _____ % per annum
t. IndusInd Private Car Assistance	<input type="checkbox"/> Yes (If Yes, Please Refer Annexure I for more Details) <input type="checkbox"/> No
u. Preferred Network Garage	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Whether the Vehicle is design for use of Blind/Handicapped/ Mentally Challenged Person? (Attach RC Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of purchase of the Vehicle by the Proposer	DD / MM / YYYY
Whether the Vehicle at the time of purchase was	<input type="checkbox"/> New <input type="checkbox"/> Second Hand

RISK INCLUSIONS

Please select the higher deductible if you wish to opt for over and above the compulsory deductible

Private Car : ₹ 2500 ₹ 5000 ₹ 7500 ₹ 15000

Personal Accident Cover for Owner Driver. 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 PAcover 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)



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Do you wish to cover Legal Liability to?

a) Driver (No. of persons) Yes No

b) Other employees (No. of persons) Yes No

c) Unnamed Passengers (No. of Persons) Yes No

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

If yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹ 2 lakhs in the case of Private cars and ₹ 1 Lakh in the case of Motorised two wheelers.

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 and Capital Sum Insured (CSI) opted. The maximum CSI available per person is ₹ 2 lakhs in the case of Private cars and ₹ 1 lakh in the case of Motorised two wheelers.

Number of Person	CSI Opted (₹)

Extension of Geographical Area: Whether extension of Geographical Area to the following countries required?

Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Any Other Material facts relevant for this Insurance?

DETAILS OF HIRE PURCHASE / HYPOTHECATION / LEASE

Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

Full Name: _____ M/s _____

Address: _____

DETAILS OF PREVIOUS INSURANCE

Will the Vehicle be used exclusively for

a) Private, Social, Domestic, Pleasure & Professional Purposes Yes No

b) Carriage of goods other than samples or personal Luggage Yes No

Is the Vehicle in good condition? Yes No

If "No" Please give Full Details _____

Full Name of previous insurer _____

Address _____

Policy Number _____ Previous policy Expiry _____ DD / MM / YYYY

Type of cover: Package Policy Liability Only Other (to be describe) _____

Claims taken in previous policy Yes No

If yes, No. of Claims _____ Claims Amount ₹ _____

Are you entitled to No Claim Bonus Yes No

If yes, please submit/attached proof thereof _____

No Claim Bonus allowed under previous Policy(%) _____



I/We hereby declare that the rate of NCB claimed by me/us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

Has any insurance company ever Declined Your Proposal Required an increase in premium Cancelled or Refused your Renewal Imposed Special Conditions or Excess

Details of Drivers:

a) How many users using the vehicle

b) Age

Owner Driver

Other

c) Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

If Yes Please give details of the same

d) Has the driver ever been involved convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any.

Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost ₹

e) Driving Experience: _____ Years

f) Change of Vehicle ownership in previous year policy Yes No

PAYMENT DETAILS

Cheque / DD

Cheque / DD No.

Cheque/DD Date:

D D / M M / Y Y Y Y

Cash

Credit Card

Others

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder: Mr. Mrs. Ms.

Bank Account No.:

30. Account:

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, it's mandatory that all payments made to the insured are only through electronic mode.

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 ID



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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

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.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

 Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

 Yes 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) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI)).

AML Guidelines

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality:

 Indian Non- Indian, If Non Indian please specify the country _____

Type of Organization:

 Corporations Government Non Government Organizations Society Trust
 Partnership International Organization Cooperatives Section 25 companies
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.

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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 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.
- I/We here by 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

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 Proposer

Signature of Proposer & Company Seal

Signature of Authorized Person

Signature of Authorized Person

(In case of Specially Abled Proposer)

(In case of Specially Abled Proposer)

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.



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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.

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)

Important: Insured's Declared Value (IDV)

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the SUM INSURED for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model of the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside).

The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/ Constructive Total Loss (TL/CTL) claims only.

IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured.

Age of the Vehicle

Not exceeding 6 Months

Exceeding 6 months but not exceeding 1 year

Exceeding 1 year but not exceeding 2 years

Exceeding 2 years but not exceeding 3 years

Exceeding 3 years but not exceeding 4 years

Exceeding 4 years but not exceeding 5 years

Depreciation

5%

15%

20%

30%

40%

50%

IMPORTANT NOTICE

1. 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.
2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
3. 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.
4. The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR No. 164 (f) dated 25.02.2022 w.e.f 01.4.2022).

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

* conditions apply.



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Annexure I – Assistance Covers Selection

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	Mandatory	___ kms	Not Applicable	Minimum of 25 km with multiples of 5 km.
		Breakdown Towing services				
1.2	On-Site Assistance	Towing or Battery Generator for EV Battery drainage and/or Malfunction				
		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	___ kms	Not Applicable	Minimum of 25 km with multiples of 5 km
2.2	Wrong Fueling	Towing of the insured vehicle		___ kms		
		Expenses for Draining and Flushing the fuel tank		Not applicable		
3	Emergency Medical Assistance (Optional)					
3.1	Medical Assistance	Ambulance contact, Medical facility contact, Emergency Message Transmission Assis-tance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable	Max of 2 contacts	-
3.2	Emergency Road Ambulance Service	Emergency Road Ambulance Service			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		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		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	Not applicable	INR___	Minimum of INR 2000 with multiples of INR 1000
3.6	Accidental Medical Hospitalization	Hospitalization expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		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 expens-es during Hospitalization of minimum 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No		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	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		_____ km	Not applicable	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	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		Not Applicable	INR___, Maximum 1 claim in a policy period	Minimum of INR 1000 with multiples of 1000 INR.
6.3	Chauffer on Demand	Chauffer services	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not Applicable	Not Applicable
6.4	Continuation/Return Journey - Taxi Support	Continuation/Return Journey - Taxi		Outside of 20 kms	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		Outside of 250 kms	INR_____	Minimum of INR 1000 with multiples of INR 1000
7	Preventive Care Services (Optional)		Yes / No	Not Applicable	As specified in annexure	Not Applicable
8	Travel Assistance Services (Optional)					
8.1	Missed air travel cover	Reimbursement of Non-refundable ticket cost	Yes / No			
8.2	Missed Train and Bus Travel Cover	Reimbursement of Non-refundable ticket cost	Yes / No	Not Applicable	INR_____;	Minimum of INR 5000 with multiples of INR 1000
8.3	Missed Event Cover	Reimbursement of Non-refundable ticket cost	Yes / No		incidences in a Policy Period	
8.4	Physical Wallet Assure	Reimbursement for physical wallet lost due to accident	Yes / No	Outside of ___ kms		
8.5	Concierge Services	Concierge assistance	Yes / No	Not Applicable	_____ incidences in a Policy Period	Not Applicable
9	Payment Card Protection	Reimbursement towards unauthorized transactions made of lost card due to theft	Yes / No	Not Applicable	INR___; Deductible INR _____	Minimum of INR 1000 with multiples of INR 1000
10	Service Guarantee (Built-in)		Available		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.

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