

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

**INDUSIND PRIVATE CAR POLICY STAND-ALONE OWN DAMAGE - 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. 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

**To be filled in by the customer**

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
						DD/MM/YYYY
Is the Vehicle Made in India?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Premium:			RTO Authority:			
Engine Number:			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:			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**

Insureds Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/S	
Address	Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat / Building:		
Road/Street/Sector:		
Area/Village/Taluka		

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Private Car Policy Stand Alone Own Damage. UIN No: IRDAN103RPMTO004V03202425. IGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver. 1.2/300126.



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Landmark:	
City:	
Pin Code:	
State:	
Landline:	
Mobile:	
#Email:	
Fast Tag ID	
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 (Please select one)	Requested Start date D D / M M / Y Y Y Y <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year or You can Request End Date D D / M M / Y Y Y Y Maximum cover available is 3 Years
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 [IGI email address].	
<b>(Note:</b> 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 <sup>st</sup> Year						
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						

**Add On Covers (Subject to Availability and Eligibility)**

a. Limit Sure – Pay as you Drive  Yes  No

If Yes Select Kilometer Opted:  
 2500 KM  3500 KM  4500 KM  5500 KM  6500 KM  
 7500 KM  8500 KM  9500 KM  10500 KM  
 11500 KM  12500 KM  13500 KM  14500 KM  
 15500 KM

Odometer Reading on Risk Start Date \_\_\_\_\_ KM

Inspection Lead Number: \_\_\_\_\_

b. Nil Depreciation Cover  Yes  No

c. EMI Cover  Yes  No

If Yes, please choose any one option  
 Plan I - 1 EMI, EMI Amount: ₹ \_\_\_\_\_  
 Plan II - 2 EMIs, EMI Amount: ₹ \_\_\_\_\_  
 Plan III - 3 EMIs, EMI Amount: ₹ \_\_\_\_\_

d. Return to Invoice (Applicable only for Annual Policy)  Yes  No

Road Tax Amount Paid: ₹ \_\_\_\_\_

Registration Charges Paid: ₹ \_\_\_\_\_

Do you have invoice of vehicle:  Yes  No

Invoice value of the vehicle: ₹ \_\_\_\_\_

e. Tyre Protector (Applicable only for Annual Policy)  Yes  No



Specifications of Tyres & Tubes	Width in mm: _____ Aspect Ratio: _____ Tyre Serial Number: _____
f. Rim Protector (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specification of Rims	Width in mm: _____ Aspect Ratio: _____ Rim Serial Number: _____
g. Hospital Cash Cover (Applicable only for Annual Policy)	<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 Sl:	₹ _____ <input type="checkbox"/> ₹5000 <input type="checkbox"/> ₹15000
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:	₹ _____ 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
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:	₹ _____
o. Cover for Replacement Car	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. Battery Protection Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to cover additional Battery	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes,	Secondary EV 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
q. Electric Motor Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. EV Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
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. IndusInd Private Car Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Refer Annexure 1 for more details)
t. Preferred Network Garage Benefit	<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



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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 self – attested 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

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 on Third Party Insurance

a. Policy No.

Name of the Insurer

b. Policy Start Date

Policy End Date

DD / MM / YYYY

### 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

Claimed Amount:

₹ \_\_\_\_\_

Are you entitled for No Claim Bonus

Yes  No

If yes, please submit/attached proof thereof

No Claim Bonus allowed under previous policy (%)



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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes Please give details of the same	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Payment Details**

Payment frequency:	<input type="checkbox"/> Lumpsum <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 9 Months			
	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Others <input type="checkbox"/> Cheque <input type="checkbox"/> 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: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	F I R S T   M I D D L E   L A S T		
Bank Account No.:	Account Type:	<input type="checkbox"/> Saving <input type="checkbox"/> 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)			
<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. *Please attach a copy of signed cancelled cheque of the Bank Account of the insured only			



**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

**NOMINEE'S BANK DETAILS**

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E	L A S T
Bank Account No.:	Account:	<input type="checkbox"/> Saving <input type="checkbox"/> 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)				
<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.				

**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.

**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 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

### 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 or 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 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 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

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 Authorized Person

(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal

Signature of Authorized Person

(In case of Specially Abled Proposer)



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**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)

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
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.	Not exceeding 6 Months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	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. IGI 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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## 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
<b>1</b>	<b>24/7 Road Side Assistance (Mandatory)</b>				
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
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			
<b>2</b>	<b>Fuelling Service (Optional)</b>				
2.1	Emergency Fuel	Fuel Delivery		____ kms	Not Applicable
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	INR____, Max of 2 claims in a policy period
<b>3</b>	<b>Emergency Medical Assistance (Optional)</b>				
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
3.2	Emergency Road Ambulance Service	Emergency Road Ambulance Service			If Yes INR_____
3.3	Emergency Air Ambulance Service	Emergency Air Ambulance Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes INR_____
3.4	Blood Transfusion Services	Reimbursement towards Blood Transfusion	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes INR_____
3.5	Transportation Benefit	Radio Cab expenses for nearest Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	If Yes INR_____
3.6	Accidental Medical Expenses	Hospitalization expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		INR_____, for _____ passengers including driver, on floater basis



3.7	Companion Accommodation	Companion Hotel Stay expenses during Hospitalization of minimum 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	If Yes INR____ per Policy Period
<b>4</b>	<b>Legal Assistance Cover (Optional)</b>				
4.1	Legal Advisor	Legal Consultation in case of Accident			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_____
4.3	Legal Expenses – Theft Recovery	Legal Expenses related to Theft vehicle recovery			
<b>5</b>	<b>Flood Assistance (Optional)</b>				
5.1	Vehicle Transportation	Retrieval and transportation of the vehicle to garage	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ km	Not Applicable
5.2	Drying and Cleaning services	Drying services and interior cleaning following a flood		Not Applicable	INR_____
<b>6</b>	<b>Value Added Services (Optional)</b>				
6.1	Reminder and Advisory	Reminders for various documentation like P.U.C., Driving License, Services etc			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
6.3	Chauffer on Demand	Chauffer services			Not Applicable
6.4	Continuation/Return Journey - Taxi Support	Continuation/Return Journey - Taxi		Outside of 20 kms	INR_____
6.5	Hotel Accommodation	Hotel Stay expenses during vehicle repair if repair exceeds 48 hours		Outside of 250 kms	INR_____
<b>7</b>	<b>Preventive Care Services (Optional)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	As specified in annexure
<b>8</b>	<b>Travel Assistance Services (Optional)</b>				
8.1	Missed air travel cover	Reimbursement of Non-refundable ticket cost	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.2	Missed Train and Bus Travel Cover	Reimbursement of Non-refundable ticket cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable	INR_____;
8.3	Missed Event Cover	Reimbursement of Non-refundable ticket cost	<input type="checkbox"/> Yes <input type="checkbox"/> No		____ incidences in a Policy Period
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	
<b>9</b>	<b>Service Guarantee (Built-in)</b>		<b>Available</b>		INR____ per incidence

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
- 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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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Private Car Policy Stand Alone Own Damage. UIN No: IRDAN103RPM0004V03202425. IGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver. 1.2/300126.



**ANNEXURE – III- PREVENTIVE SERVICES**

	Services	Diagnosis	Limit	EV	ICE
Preventive Risk Management Assistance	Wheel Care	Wheel Balancing & Alignment	Once / Twice	✓	✓
		Steering Adjustment Checking	Once / Twice	✓	✓
		Camber and Castor Adjustment Diagnosis	Once / Twice	✓	✓
	Brake Assistance Services	Tread Wear Check	Once / Twice	✓	✓
		Brake Disc Checking	Once / Twice	✓	✓
		Drum Checking	Once / Twice	✓	✓
		Brake Electrical & Brake Light Checking	Once / Twice	✓	✓
		Brake Pads Check	Once / Twice	✓	✓
		ABS Assembly check	Once / Twice	✓	✓
		Heavy Check – (Electricals/Sensors)	Sensors check	Once / Twice	✓
Wiring Check	Once / Twice		✓	✓	
Light Check (Rear, Front, Right and Left indicator & Hazard Light) Check	Once / Twice		✓	✓	
Software checks	Once / Twice		✓	✓	
Preventive Risk Management Assistance	Heavy Check – (Electricals/Sensors)	Seat Belt Check	Once / Twice	✓	✓
		Air Bag Sensors Check	Once / Twice	✓	✓
	EV Essentials	Door Lock Check	Once / Twice	✓	✓
		Battery / BMS Health Check	Once / Twice	✓	✓
		EV Motor Check	Once / Twice	✓	✓

**ANNEXURE - II SELF DECLARATION FOR NAME AND ADDRESS MISMATCH:**

**SELF DECLARATION FORM**

Date \_\_\_\_\_

To, IndusInd General Insurance Company Limited.,

Address \_\_\_\_\_

I Mr./Mrs./Ms. \_\_\_\_\_, state and declare that my name has been misspelt as \_\_\_\_\_ in \_\_\_\_\_ although my name is \_\_\_\_\_ however the same is incorrectly mentioned as \_\_\_\_\_ in the \_\_\_\_\_. I hereby agree and confirm that what is stated above is true and correct information.

Signature of the Applicant Name Address

IndusInd Private Car Policy – Stand-alone Own Damage. UIN No.: IRDANI03RPMT0004V03202425. Voluntary Deductible. UIN No.: IRDANI03RPMT0004V03202425/A0005V02202425. Assistance Covers. UIN No.: IRDANI03RPMT0004V03202425/A0006V02202425. Consumable Expenses. UIN No.: IRDANI03RPMT0004V03202425/A0007V02202425. Daily Allowance Benefit Plus. UIN No.: IRDANI03RPMT0004V03202425/A0008V02202425. Electric Vehicle Battery Protection. UIN No.: IRDANI03RPMT0004V03202425/A0009V02202425. Electric Vehicle Electric Motor Protect. UIN No.: IRDANI03RPMT0004V03202425/A0010V02202425. Electric Vehicle Charger Cover. UIN No.: IRDANI03RPMT0004V03202425/A0011V02202425. EMI Protect. UIN No.: IRDANI03RPMT0004V03202425/A0012V02202425. Engine Protect. UIN No.: IRDANI03RPMT0004V03202425/A0013V02202425. Hospital Cash Cover. UIN No.: IRDANI03RPMT0004V03202425/A0014V02202425. Key Protect Cover. UIN No.: IRDANI03RPMT0004V03202425/A0015V02202425. Limit Sure Pay As You Drive. UIN No.: IRDANI03RPMT0004V03202425/A0016V02202425. Loss of Personal Belongings. UIN No.: IRDANI03RPMT0004V03202425/A0017V02202425. NCB Retention Cover. UIN No.: IRDANI03RPMT0004V03202425/A0018V03202425. Nil Depreciation. UIN No.: IRDANI03RPMT0004V03202425/A0019V02202425. Replacement Car. UIN No.: IRDANI03RPMT0004V03202425/A0020V02202425. Return To invoice. UIN No.: IRDANI03RPMT0004V03202425/A0021V02202425. Rim Protector. UIN No.: IRDANI03RPMT0004V03202425/A0022V02202425. Tyre Protector. UIN No.: IRDANI03RPMT0004V03202425/A0023V02202425, Private Car Preferred Network Garage Benefit Add-On Cover UIN - IRDANI03RPMT0004V03202425/A0050V01202425



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