

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

**INDUSIND TWO WHEELER PACKAGE POLICY - 5 YEARS - PROPOSAL FORM**

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

**FOR OFFICE USE ONLY**

Proposal Form Date	D D / M M / Y Y Y Y		
Inspection Lead Number			
Intermediary Name		Code:	
Branch Name		Code:	
Sales Manager Name		Code:	

**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"/> Used <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover <input type="checkbox"/> Endorsement <input type="checkbox"/> Others Please Specify
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**DETAILS OF VEHICLES**

Vehicle Make	Vehicle Model & Variant	Year and Month of Manufacture	Cubic Capacity	RTO Authority	Vehicle Registration Number	Date of Registration
						D D / M M / Y Y Y Y

Engine Number / EV Motor Number: (Please fill in complete number)		Chassis Number: (Please fill in complete number)	
EV Battery Number (Please fill in complete number):		EV Battery Capacity in kWh:	
EV Charger Number (Please fill in complete number):		No. of Drivers (apart from Self)	
Does the Vehicle have PUC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Body	<input type="checkbox"/> Bike <input type="checkbox"/> Scooter
Date of Purchase of the Vehicle by the proposer:	D D / M M / Y Y Y Y	Vehicle Driven By:	<input type="checkbox"/> Self <input type="checkbox"/> Driver
Whether the vehicle at the time of purchase was			<input type="checkbox"/> New <input type="checkbox"/> Second Hand
Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? (Attach RC Copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fast Tag ID		Vehicle Fuel Type	<input type="checkbox"/> Petrol <input type="checkbox"/> Electric
Where the vehicle being used	<input type="checkbox"/> Metro Usage <input type="checkbox"/> Rural Usage <input type="checkbox"/> Semi-Urban Usage <input type="checkbox"/> Hilly Terrain <input type="checkbox"/> Off Road Usage		

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) (₹)	Total Value (₹)
1 <sup>st</sup> Year					

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2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
4 <sup>th</sup> Year					
5 <sup>th</sup> Year					

### DETAILS OF THE PROPOSER

Insured Type	<input type="checkbox"/> Individual <input type="checkbox"/> Company	
Insureds Full Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> M/S. (If Company is selected above)	
	Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat/Building:		
Street/Road/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	
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 Hrs of DD/MM/YYYY Time HH:MM To: Mid Night of DD/MM/YYYY Time HH:MM	
Period of Insurance (Third Party)	From Hrs of DD/MM/YYYY Time HH:MM To: Mid Night of DD/MM/YYYY Time HH:MM	
#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)		

### 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.:
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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
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### 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)

### ADD ON COVERS (Subject to availability and eligibility)

a. Nil Depreciation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. EMI Protect 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 vehicle:	₹ _____
d. 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
e. Helmet Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. NCB Retention Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Consumable Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Engine Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Key Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Daily Allowance Benefit Plus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per Day Allowance:	₹ _____ <input type="checkbox"/> ₹ 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
k. Voluntary Deductible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Deductible Amount Opted:	₹ _____



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l. Electric Vehicle 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 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
m. 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
n. Electric Vehicle 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
o. Assistance Cover	<input type="checkbox"/> Yes (If Yes, Please Refer Annexure I for more Details) <input type="checkbox"/> No
p. Tyre Protect Specification of Tyre	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Claim Bonus Retention Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Width in mm:	
Aspect Ratio:	
Tyre Serial Number:	1 _____ 2 _____
q. Rim Protect Specifications of Rim	<input type="checkbox"/> Yes <input type="checkbox"/> No
No Claim Bonus Retention Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Width in mm:	
Aspect Ratio:	
Rim Serial Number:	1 _____ 2 _____
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 ₹100 for Two-Wheeler

Two Wheeler:  ₹ 500  ₹ 750  ₹ 1000  ₹ 1500  ₹ 3000

Liability to third parties: The policy provides Third Party Property Damage (TPPD) of Rs 1 lakh (Two Wheelers)

Do you wish to restrict the above limits to statutory TPPD Liability limit of Rs 6000/- only?  Yes  No

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

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If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 1 Lacs

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	Relationship	Address

Do you wish to include PA cover for Unnamed persons/ hirer/ pillion passengers?  Yes  No

If yes, give name and Capital Sum Insured opted for. The maximum CSI available per person is Rs 1 Lacs

Number of Persons	CSI Opted (₹)

Personal Accident cover for Owner-Driver. Please give details of nomination.  Yes  No

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of Appointee	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)

**DETAILS ON THIRD PARTY INSURANCE**

a. Policy No.		Name of the Insurer	
b. Policy Start Date	DD/MM/YYYY	Policy End Date	DD/MM/YYYY

**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	

**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
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?	



**RISK DETAILS**

Has any insurance company ever

 Declined Your Proposal  Required an increase in premium  
 Cancelled or Refused Renewal  Imposed Special Conditions or Excess

Does the driver suffer from defective vision or hearing or any physical infirmity?

 Yes  No

If Yes Please give details

Has the driver ever been involved or convicted for causing any accident involving third party loss

 Yes  No

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

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

Driving Experience:

\_\_\_\_\_ Years

Type of Driving License

**DETAILS ON PREVIOUS INSURANCE**

Full Name of previous insurer:

Address:

Policy Number:

Previous Policy Expiry:

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**PAYMENT DETAILS**

Payment frequency:

 Lumpsum  Half-yearly  Quarterly  3 Months  6 Months  9 Months

 Cash  Credit Card  Cheque  DD  Others

Cheque / DD No.

Cheque or DD Date

DD/MM/YYYY

**PROPOSER'S BANK DETAILS (IN CASE OF REFUND)**

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 Type:

 Saving  Current

Name of the Bank

Branch

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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

**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

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) 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".

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### 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 statutes, directly/ 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

### 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.

### 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, 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

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This proposal form was completed by

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Proposer

Signature of Authorized Person

(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal

**PROHIBITION OF REBATES - SECTION 41 OF 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/Broker  Mr.  Ms.  Mrs. F I R S T M I D D L E L A S T

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature of IRDAI Agent/Broker

**ANNEXURE I – ASSISTANCE COVERS SECTION**

Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum In-sured/ Limits	Criteria
1	<b>24/7 Road Side Assistance (Mandatory)</b>					
1.1	Emergency Towing	Accidental towing services				Minimum of 25 km with multi-plies of 5 km.
		Breakdown Towing services				
		Towing or Battery Generator for EV Battery drainage and/or Malfunction				
1.2	On-Site Assistance	Minor Repair	Mandatory	_____ kms	Not Applicable	
		Flat Battery or Jump Start				
		Spare Key Retrieval and or Services of Keys Locked inside				
		Service of Flat Tyre				



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2	<b>Fuelling Service (Optional)</b>					
2.1	Emergency Fuel	Fuel Delivery		___ kms		Minimum of 25 km with multiples of 5 km
2.2	Wrong Fueling	Towing of the insured vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable	Not Applicable	Minimum of 25 km with multiples of 5 km
		Expenses for Draining and Flushing the fuel tank				
3	<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		Max of 2 contacts	-
3.2	Emergency Road Ambulance Service	Emergency Road Ambulance Service	<input type="checkbox"/> Yes <input type="checkbox"/> No		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	Not applicable	INR___	Minimum of INR 5000 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 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 expenses 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
3.8	Accidental Medical OPD	OPD expenses in case of accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not applicable	INR___	Minimum of INR 3000 with multiples of INR 1000
4	<b>Legal Assistance Cover (Optional)</b>					
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				
4.4	Legal Expenses – Bail Bond Recovery	Legal expenses related bail bond and other litigation expenses				



5	<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	Minimum of 25 km with multiples of 5 km
5.2	Drying and Cleaning services	Drying services and interior cleaning following a flood		Not applicable	INR_____	Minimum of INR 3000 with multiples of INR 1000
6	<b>Value Added Services (Optional)</b>					
6.1	Reminder and Advisory	Reminders for various documentation like P.U.C., Driving License, Services etc	<input type="checkbox"/> Yes <input type="checkbox"/> No		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 INR 500.
6.3	Chauffer on Demand	Chauffer services		Not Applicable		Not Applicable
6.4	Continuation/ Return Journey - Taxi Support	Continuation/Return Journey - Taxi Support		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
6.6	Arrangement of Pick Up and Delivery of Vehicle	Expenses of Pick Up and Delivery of vehicle from the garage to home		Not Applicable	Not Applicable	Not Applicable
6.7	Concierge Services	Concierge assistance		Not Applicable	_____ incidences in a Policy Period	Not Applicable
7	<b>Preventive Care Services (Optional)</b>		Yes / No	Not Applicable	As specified in annexure	Not Applicable
8	<b>Travel Assistance Services (Optional)</b>					
8.1	Missed Travel cover	Reimbursement of Non-refundable ticket cost	Yes / No		INR_____ incidences in a Policy Period	Minimum of INR 1000 with multiples of INR 1000
8.2	Missed Event Cover	Reimbursement of Non-refundable ticket cost	Yes / No	Not Applicable		
8.3	Physical Wallet Assure	Reimbursement for physical wallet lost due to accident	Yes / No			
9	<b>Payment Card Protection</b>	Reimbursement for unauthorized transactions made by the physical use of a Payment Card belonging to the Insured if such card is lost as a result of the theft within 2 hours of the Insured Vehicle's Accident	Yes / No	Not Applicable	INR____ per incidence	Minimum of INR 1000 with multiples of INR 1000
10	<b>Service Guarantee (Built-in)</b>		Available		INR____ per incidence	Not Applicable
<b>Note:</b> 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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SUMMARY OF PREVENTIVE CARE SERVICE: ANNEXURE II			
Services	Diagnosis	Limit	TW (ICE & EV)
Wheel Care	Wheel Balancing & Alignment	Once/Twice	✓
	Tread Wear Check	Once/Twice	✓
Brake Assistance Service	Brake Disc Checking	Once in a year	✓
	Drum Checking	Once in a year	✓
	ABS Assembly check	Once in a year	✓
Heavy Check – (Electricals/ Sensors)	Sensors check	Once in a year	✓
	Wiring Check	Once in a year	✓
	Light Check (Rear, Front, Right and Left indicator & Hazard Light) Check	Once in a year	✓
EV Essentials	Battery/BMS Health Check	Once in a year	✓
	EV Motor Check	Once in a year	✓
Additional Services	Valve Clearance	Once in a year	✓
	Evaporative emission control	Once in a year	✓
	Side Stand (Parking Stand to check if the same is correct or not)	Once in a year	✓
	Nut, Bolt & Fastner Check	Once in a year	✓

#### 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 Two Wheeler Package Policy - 5 years: IRDANI03RPMT0054V02202425, Nil Depreciation for Two Wheeler - 5 Years: IRDANI03RPMT0054V02202425/A0070V02202425, Daily Allowance Benefit Plus for Two Wheeler - 5 Years: IRDANI03RPMT0054V02202425/A0067V02202425, EMI Protection for Two Wheeler - 5 Years: IRDANI03RPMT0054V02202425/A0068V02202425, Voluntary Deductible for Two Wheeler-5Years:IRDANI03RPMT0054V02202425/A0066V02202425,Helmet CoverforTwoWheeler-5Years:IRDANI03RPMT0054V02202425/A0069V02202425, NCB Retention Cover for Two Wheeler - 5 Years: IRDANI03RPMT0054V02202425/A0071V02202425, Return To invoice - 5 Year: IRDANI03RPMT0054V02202425/A0072V01202425, Assistance Covers - 5 Year: IRDANI03RPMT0054V02202425/A0073V01202425, Consumable Expenses - 5 Year: IRDANI03RPMT0054V02202425/A0074V01202425, Electric Vehicle Battery Protection - 5 Year: IRDANI03RPMT0054V02202425/A0075V01202425, Electric Vehicle Electric Motor Protect - 5 Year: IRDANI03RPMT0054V02202425/A0076V01202425, Electric Vehicle Charger Cover - 5 Year: IRDANI03RPMT0054V02202425/A0077V01202425, Engine Protect - 5 Year: IRDANI03RPMT0054V02202425/A0078V01202425, Hospital Cash Cover - 5 Year: IRDANI03RPMT0054V02202425/A0079V01202425, Tyre Protector Add On Cover - 5 Year: IRDANI03RPMT0054V02202425/A0080V01202425, Rim Protector Add On Cover - 5 Year: IRDANI03RPMT0054V02202425/A0081V01202425, Key Protect Add On Cover - 5 Year: IRDANI03RPMT0054V02202425/A0082V01202425.



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