

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

INDUSIND TWO WHEELER POLICY- STAND ALONE OWN DAMAGE - 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 Used Renewal Rollover Endorsement

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
Is the Vehicle Made in India? <input type="checkbox"/> Yes <input type="checkbox"/> No						

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		
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



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 st Year					
2 nd Year					
3 rd Year					
4 th Year					
5 th 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 (Please select one)	Requested Start Date DD/MM/YYYY <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year Or Requested End Date DD/MM/YYYY <i>Maximum Cover available is 5 Years</i>	
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	DD / MM / YYYY	
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.	



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INSURED'S CKYC DETAILS – SECTION II (INDIVIDUALS)

CKYC No.: Available

 Yes 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:

- Driving License
- Passport
- Voter ID

INSURED'S CKYC DETAILS – SECTION III (OTHER THAN INDIVIDUALS)

CKYC No.: Available

 Yes 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:

- Certificate of Incorporation
- Memorandum and Articles of Association
- Registration Certificate (Partnership Firms)
- Partnership Deed (Partnership Firms)
- 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

 Yes No

b. EMI Protect 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: ₹ _____

c. Return to Invoice

 Yes No

Road Tax Amount Paid:

₹ _____

Registration Charges Paid:

₹ _____

Do you have invoice of vehicle:

 Yes No

Invoice value of vehicle:

₹ _____

d. Hospital Cash Cover

 Yes No

Sum Insured:

₹ _____ ₹ 1000 ₹ 2000 ₹ 3000 ₹ 4000 ₹ 5000

No. of Days:

 5 10 15 20 25 30

Convalescence Benefit SI:

₹ _____ ₹ 5000 ₹ 15000

e. Helmet Cover

 Yes No

f. NCB Retention Cover

 Yes No

g. Consumable Cover

 Yes No

h. Engine Protect Cover

 Yes No

i. Key Protect Cover

 Yes No

j. Daily Allowance Benefit Plus

 Yes No

Per Day Allowance:

₹ _____ ₹ 100

Coverage Days Opted:

_____ 7 10 15 20 25 30indusindinsurance.com

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k. Voluntary Deductible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Deductible Amount Opted:	₹ _____
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 _____
r. 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
	Inspection Lead Number: _____
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

DETAILS ON THIRD PARTY INSURANCE

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

Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Is the Vehicle in good condition?

Yes 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:

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 (%)



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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

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

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.



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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".

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 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.

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.



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- 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 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
- I/We hereby confirm that the product details have been explained to me to my satisfactory level.
- For Specially abled persons, I/We hereby confirm that the product details have been explained to me to my satisfactory level by authorized person.

This proposal form was completed by

Name: _____

Place: _____

Date: _____

Signature of 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

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



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ANNEXURE I – ASSISTANCE COVERS SECTION

Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum In-sured/ 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 multi-ples of 5 km.
		Breakdown Towing services				
	Towing or Battery Generator for EV Battery drainage and/or Malfunction					
1.2	On-Site Assistance	Minor Repair				
		Flat Battery or Jump Start				
		Spare Key Retrieval and or Services of Keys Locked inside				
		Service of Flat Tyre				
2	Fuelling Service (Optional)					
2.1	Emergency Fuel	Fuel Delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ kms	Not Applicable	Minimum of 25 km with multi-ples of 5 km
2.2	Wrong Fueling	Towing of the insured vehicle				
		Expenses for Draining and Flushing the fuel tank				
				Not Applicable	INR___ Max of 2 claims in a policy period	Minimum of INR 5000 with multiples of 1000 INR.
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		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 Expenses	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


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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	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				
4.4	Legal Expenses – Bail Bond Recovery	Legal expenses related bail bond and other litigation expenses				
5	Flood Assistance (Optional)					
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	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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	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	Yes / No	Not Applicable	_____ incidences in a Policy Period	Not Applicable
7	Preventive Care Services (Optional)		Yes / No	Not Applicable	As specified in annexure	Not Applicable



8	Travel Assistance Services (Optional)					
8.1	Missed Travel cover	Reimbursement of Non-refundable ticket cost	Yes / No	Not Applicable	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			
8.3	Physical Wallet Assure	Reimbursement for physical wallet lost due to accident	Yes / No			
9	Payment Card Protection	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 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	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.

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	✓

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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 Two-Wheeler Policy Stand Alone Own Damage. UIN No.: IRDAN103RPMTO024V02202425. IGI/MCOM/CO/RTWPSAOD/PF/Ver.1.0/290126.



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ANNEXURE - II SELF DECLARATION FOR NAME AND ADDRESS MISMATCH:

SELF DECLARATION FORM

Date _____

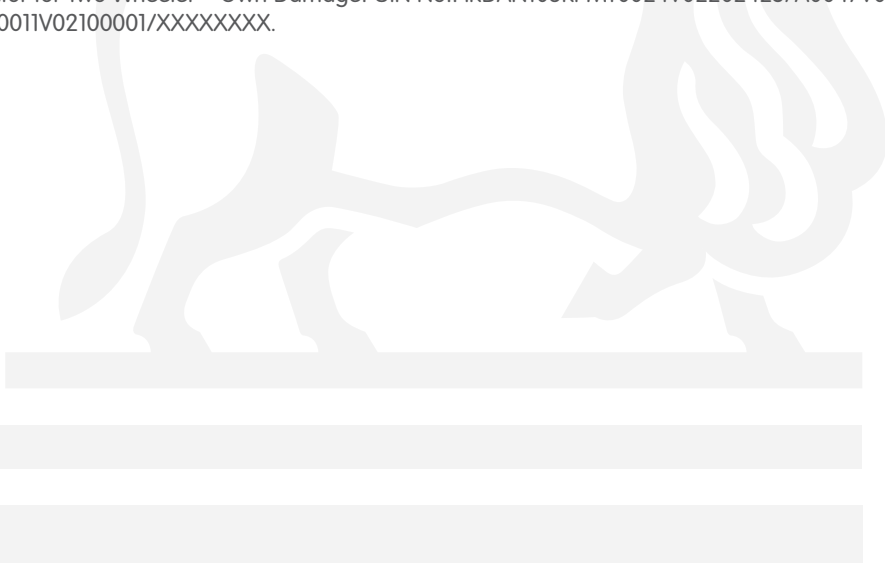
To, IndusInd General Insurance Company Limited.,

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 Policy - Stand-alone Own Damage. UIN No.: IRDANI03RPMT0024V02202425; Daily Allowance Benefit Plus for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0028V03202425; EMI Protection for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0032V03202425; Engine Protector for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0033V02202425; Helmet Cover for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0034V03202425; Hospital Cash Cover for Two Wheeler Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0035V02202425; NCB Retention Cover for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0036V02202425; Nil Depreciation for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0037V03202425; Return to Invoice for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0038V02202425; Voluntary Deductible for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0025V02202425; IndusInd Two Wheeler Assistance - Two Wheeler Policy Stand-alone Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0026V02202425; IndusInd Electric Vehicle Battery Protection Cover - Two Wheeler Policy Stand-alone Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0029V02202425; IndusInd Electric Motor Protect Cover - Two Wheeler Policy Stand-alone Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0030V02202425; IndusInd Electric Vehicle Charger Cover - Two Wheeler Policy Stand-alone Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0031V02202425; Consumable Expenses for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0027V02202425; Key Protect for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0045V01202425; RIM Protector for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0046V01202425; Tyre Protector for Two Wheeler - Own Damage. UIN No.: IRDANI03RPMT0024V02202425/A0047V01202425; Limit Sure - Pay as you Drive IRDANI03RP0011V02100001/XXXXXXXXXX.



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