

Proposal Form No.: _____

(To be filled in by the office)

INDUSIND COMMERCIAL VEHICLE PACKAGE POLICY - 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.

Is the Vehicle Made in India Yes No

Term of Policy: 1 Year Own Damage and 1 Year Third Party Liability

Type of Policy: PCV GCV MISC.D Trailer

For Office Use Only

Policy Number

Proposal Form Date

DD / MM / YYYY

Inspection Lead Number

INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)

Intermediary Name

Code

Branch Name

Code

Sales Manager Name

Code

POS PAN no.

POS Any Other KYC

To be filled in by the customer

Type of Policy

New Renewal Rollover Endorsement

DETAILS OF VEHICLE TYPE

Vehicle Make	Vehicle Model & Variant	Cubic Capacity	Seating Capacity (including Driver)	Vehicle Registration Number	Date of Registration
					DD/MM/YYYY
Gross Vehicle Weight (GVW) / Cubic Capacity (C.C.)			Vehicle Sub Class		
Goods Type (applicable only if GVW + 7500 KGs)		<input type="checkbox"/> Hazardous Goods <input type="checkbox"/> Non Hazardous Goods		Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles	
Engine Number / EV Motor Number: (Please fill in complete number)			RTO Authority		
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):		
Does the Vehicle have PUC?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Purchase of the Vehicle by the proposer: DD / MM / YYYY	
Vehicle Category		<input type="checkbox"/> Bus <input type="checkbox"/> Taxi		Vehicle Usage Type (applicable if Bus) <input type="checkbox"/> Contract Carriage <input type="checkbox"/> Stage Carriage <input type="checkbox"/> Private Usage	



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Vehicle Usage Sub Type (applicable if Contract Carriage)	<input type="checkbox"/> School Bus <input type="checkbox"/> Employee Pickup Bus <input type="checkbox"/> Others	Whether the vehicle at the time of purchase was	<input type="checkbox"/> New <input type="checkbox"/> Second Hand		
Vehicle Fuel Type	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Others				
Whether the Vehicle is driven by Non – conventional Source of Power:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes	<input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Electric				
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 (₹)
Chasis	Body				

DRIVER DETAILS

How many users using the vehicle			
Driver Experience		Others	
Does the driver suffer from defective vision or hearing or any physical infirmity	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please give details.	
Has the driver ever been involved for causing any accident or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please give details as under including the pending prosecution, if any	
Driver Date of Birth	D D / M M / Y Y Y Y		

DETAILS OF THE INSURED

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


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Do you have a GST Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify	
Are you an existing IndusInd General Insurance Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide the Policy No.:
Period of Insurance	From: DD/MM/YYYY Hrs of HH/MM To: DD/MM/YYYY Mid Night of HH/MM
Related Party	<input type="checkbox"/> Yes <input type="checkbox"/> No
*The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive the Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at [RGI email address].	
(Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company)	

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.

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	DD/MM/YYYY
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"/> 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. Limit sure Pay as you Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Select Kilometer Opted:	<input type="checkbox"/> GCV Three Wheeler <input type="checkbox"/> 50000KM <input type="checkbox"/> 60000KM <input type="checkbox"/> 70000KM <input type="checkbox"/> GCV Four Wheeler (upto 12k GVW) <input type="checkbox"/> 120000KM <input type="checkbox"/> 150000KM <input type="checkbox"/> 180000KM <input type="checkbox"/> GCV Four Wheeler (above 12k GVW) <input type="checkbox"/> 200000KM <input type="checkbox"/> 250000KM <input type="checkbox"/> 300000KM <input type="checkbox"/> PCV Three Wheeler <input type="checkbox"/> 25000KM <input type="checkbox"/> 30000KM <input type="checkbox"/> 35000KM <input type="checkbox"/> PCV Taxi <input type="checkbox"/> 50000KM <input type="checkbox"/> 60000KM <input type="checkbox"/> 70000KM <input type="checkbox"/> PCV Buses <input type="checkbox"/> 150000KM <input type="checkbox"/> 180000KM <input type="checkbox"/> 210000KM Odometer Reading on Risk Start Date _____ KM Inspection Lead Number: _____
b. Nil Depreciation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Easy Monthly Installment Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please choose any one option	<input type="checkbox"/> Plan I - 1 EMI, EMI Amount: ₹ _____ <input type="checkbox"/> Plan II - 2 EMIs, EMI Amount: ₹ _____ <input type="checkbox"/> Plan III - 3 EMIs, EMI Amount: ₹ _____
d. Total Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Return to Invoice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Road Tax Amount Paid:	₹ _____
Registration Charges Paid:	₹ _____
Do you have invoice of vehicle:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice value of the vehicle:	₹ _____
f. Additional Towing Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Electric Vehicle Battery Protection Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. 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	
i. Depreciation to be covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Electric Motor Protect Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of claims	
No. of claims	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Electric Vehicle Charger Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Daily Allowance Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per Day Allowance	₹ _____ (Can only be opted for ₹100 or multiple of ₹100)
Coverage Days Opted	<input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30
m. 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
n. Tools and Equipment Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No



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o. NCB Retention Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
p. NCB One Step Down Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
q. Daily Allowance Benefit Plus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per Day Allowance	₹ _____ (Can only be opted for ₹100 or multiple of ₹100)
Coverage Days Opted	<input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30
r. Loss of Personal Belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured:	₹ _____
s. Voluntary Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary Deductible Amount Opted	₹ _____
t. Additional Limit of TPPD	<input type="checkbox"/> Yes <input type="checkbox"/> No (maximum sum insured is upto ₹ 1,00,00,000)
u. Consumables Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
v. Emergency Hotel Accommodation Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Amount	₹ _____
w. Engine Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No
x. Replacement Lock Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
y. Tyre Protector (Applicable only for Annual Policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specifications of Tyres & Tubes	Width in mm: _____ Aspect Ratio: _____ Tyre Serial Number: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
z. Rim Protector	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please Refer Annexure 1 for more details)
aa. Key Protect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit amount	₹ _____
bb. Assistance Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the Vehicle is fitted with Fibre glass tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vehicle fitted with any Anti-theft device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of Automobile Association of India ? If yes, please submit membership copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the Vehicle is used for Driving Tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether use of Vehicle is limited to Own Premises? (Only if not Licensed for General Road use by RTO).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? If so, is the duty element included in the IDV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the Vehicle is design for use of Blind/Handicapped/ Mentally Challenged Person? (Attach self – attested RC Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL ACCIDENT COVER SECTION

Do you want to include Personal Accident Cover for paid drivers, cleaners and conductors:

Yes No

If Yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹ 1 Lakh in the case of Motorized two-wheelers and ₹ 2 lakhs for other classes of vehicles.

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

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

If No, Please tick on the option below:

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

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

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

Name	CSI Opted (₹)	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

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 _____

LIABILITY INCLUSIONS

Extension of Geographical Area:
Whether extension of Geographical Area to the following countries required? Bangladesh Bhutan Maldives Nepal Pakistan Sri Lanka

Liability to third parties: The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (other class of vehicles)

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

Do you wish to cover legal liability to? Yes No

(a) Driver/Conductor /Cleaner (No. of persons) Yes No

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

© Non-fare paying passenger (No. of persons) Yes No



DETAILS OF PREVIOUS INSURANCE

Full Name of Previous Insurer

Address

Type of Policy

 Package Policy Liability Other

Previous Own Damage Policy Number

Previous Own Damage Policy Expiry Date

D D / M M / Y Y Y Y

Previous Third Party Liability Policy Number

Previous Third Party Liability Policy Expiry Date

D D / M M / Y Y Y Y

Claims taken in previous policy

 Yes No

If Yes, No. of Claims

Claimed Amount:

₹ _____

Are you entitled for No Claim Bonus

 Yes No

If Yes, No Claim Allowed under previous policy

_____ %

RISK DETAILS

Has any insurance company ever

 Declined your proposal Required an increase in premium
 Cancelled or Refused Renewal Imposed Special Condition 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:

Drivers Name

Date of Accident

Circumstances of Accident

Loss / Cost

D D / M M / Y Y Y Y

D D / M M / Y Y Y Y

Change of Vehicle ownership in previous policy:

 Yes No**PAYMENT DETAILS** Cash Credit Card Others Cheque DD

Cheque / DD No.

Cheque or DD Date

D D / M M / Y Y Y Y

PROPOSER'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 Type:

 Saving Current

Name of the Bank

Branch

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

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

 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

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NOMINEE'S DETAILS. PLEASE GIVE DETAILS OF NOMINATION

Name of the Nominee	Age of Nominee	Name of the Apointee (if Nominee is Minor)	% of Claim	Relationship	Address	Mobile	E-mail

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 Type:				<input type="checkbox"/> Saving <input type="checkbox"/> Current											
Name of the Bank																
Branch																
IFSC Code (11 character code appearing on your cheque leaf)																
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)																
<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".


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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 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, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.
- I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

This proposal form was completed by _____

Name: _____

Place: _____

Date: DD/MM/YYYY

Signature of Proposer

Signature of Proposer & Company Seal

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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



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Supporting Confirmation of Agent/Broker/SM/CSO

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

Name of IRDAI Agent/Broker: Mr. Ms. Mrs. 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 _____

(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 _____

Annexure 1 – Assistance Covers Section

Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum Insured/ Limits	Criteria
1	24/7 Road Side Assistance (Mandatory)					
1.1	Emergency Towing	Accidental towing / Breakdown Towing and Winching Towing or Battery Generator for Run-Down EV Battery	Mandatory	_____ kms	Not Applicable	Minimum of 25 km with multiples of 5 km.
1.2	On-Site Assistance	Jump Start for Run-Down Battery Service of Flat Tyre Spare Key Retrieval and or Services of Keys Locked inside				
2	Minor Repairs (Optional)					
2.1	Minor Repairs	Minor Clutch Setting	Yes / No	Not Applicable	Not Applicable	Not Applicable
2.2		Airlock Out Setting				
2.3		Universal Joint Cross Replacement				
2.4		Brake Setting				
2.5		Minor Electric Problem				
2.6		Fuel Line Bleeding				
2.7		Leakage repair				
2.8		Gear Lever Setting				
3	Fueling Service (Optional)					
3.1	Emergency Fuel (Fuel Delivery for combustion engine)	Fuel Delivery for combustion engine	Yes / No	_____ kms	Not Applicable	Minimum of 25 km with multiples of 5 km



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3.2	Wrong Fueling (for combustion engine)	Towing Service	Yes / No	___ kms	Not Applicable	Minimum of 25 km with multiples of 5 km
		Draining and Flushing of Fuel		Not Applicable	___ INR Max of 2 claims in a policy period	Minimum of INR 5000 with multiples of INR 500
4 Emergency Medical Assistance Cover (Optional)						
4.1	Medical Assistance	Ambulance contact, Medical facility contact, Emergency Message Transmission	Yes / No As		Maximum of 2 contacts	
4.2	Emergency Road Ambulance Service	Road Ambulance expenses	• Self (Proposer)	Not Applicable	INR___	Minimum of INR 3000 with multiples of INR 1000
4.3	Emergency Air Ambulance Service	Air Ambulance expenses	• Driver of the Insured Vehicle		INR___	Minimum of INR 100000 with multiples of INR 50000
4.4	Blood Transfusion Service	Expenses Towards Blood Transfusion	• Conductor of the Insured Vehicle		INR___	Minimum of INR 9000 with multiples of INR 5000
4.5	Accidental Medical Expenses	Hospitalization expenses	• Cleaner of the Insured Vehicle		INR___, on floater basis	Options available: INR 1 lakh, 2.5 lakh, 5 lakh
4.6	Alternate Driver Arrangement	Alternate Driver Arrangement	Fare paying Passengers of the Insured Vehicle (as per vehicle's passenger carrying capacity)		24x7	Not applicable
5 Legal Assistance Cover (Optional)						
5.1	Legal Advisor Contact	Legal Consultation in case of Accident			Not Applicable	Not Applicable
5.2	Legal Expenses – Third Party	Legal expenses for criminal case on Owner/Driver during and Accident	Yes / No	Not Applicable	INR___	Minimum of INR 5000 with multiples of INR 500
5.3	Legal Expenses – Theft Recovery	Legal Expenses related to Theft vehicle recovery				
6 Flood Assistance (Optional)						
6.1	Vehicle Transportation	Retrieval and transportation of the vehicle to garage		___ km	Not Applicable	Minimum of 25 km with multiples of 5 km
6.2	Drying and Cleaning services	Drying services and interior cleaning following a flood	Yes / No	Not Applicable	INR___	Minimum of INR 3000 with multiples of INR 1000



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7	Load Transfer Services (Optional)						
7.1	Unloading and Loading of Goods - Assistance	Unloading, loading and transfer of goods	Yes / No	Not applicable	Not applicable	Not applicable	
7.2	Unloading and Loading of Goods - Benefit	Unloading, loading and transfer of goods			INR _____	Minimum of INR 3000 with multiples of INR 1000	
8	Value Added Services (Optional)						
8.1	Reminder and Advisory Services	Reminders for various documentation like P.U.C., Driving License, Services etc	Yes / No	Not Applicable	Not Applicable	Not Applicable	
8.2	Loss of documents	Cost of Obtaining Duplicate documents			INR____, Maximum 1 claim in a policy period	Minimum of INR 1000 with multiples of 500 INR.	
8.3	Document Verification	Document Verification			Not Applicable	Not Applicable	
8.4	Continuation/Return Journey – Bus or Taxi Support	Continuation/Return Journey - Taxi			Not Applicable	Not Applicable	
8.5	Continuation/Return Journey – Bus or Taxi Benefit	Continuation/Return Journey - Taxi			Beyond 200 kms	Total INR _____ (For X number of Fair Paying Passengers)	Minimum of 25KM with multiples of 5KM
8.6	Hotel Accommodation - Assistance	Assistance for providing Hotel Stay during vehicle repair	Yes / No	Not Applicable	Not Applicable	Not Applicable	
8.7	Hotel Accommodation - Benefit	Assistance for providing Hotel Stay during vehicle repair			Beyond 200 kms	Total INR _____ (For X number of Fair Paying Passengers)	Minimum of INR 1000 with multiples of 500 INR
8.8	Vehicle Pick Up - Assistance	Vehicle pick up and drop service assistance of a driver for damaged insured vehicle from garage nearest to the incident spot to the Insured's residence			Not Applicable	Not Applicable	Not Applicable
8.9	Vehicle Pick Up - Benefit	Vehicle pick up and drop service assistance of a driver for damaged insured vehicle from garage nearest to the incident spot to the Insured's residence			INR _____	Minimum of INR 2000 with multiples of 500 INR	
<p>Note:</p> <p>1. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage</p> <p>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.</p>							



Annexure - II Self Declaration for Name and Address Mismatch:

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 Commercial Vehicles Package Policy UIN: IRDAN103RP0012V02100001, NCB Retention Cover UIN - IRDAN103RP0012V02100001/A0014V01200910, Nil Depreciation UIN - IRDAN103RP0012V02100001/A0006V01200910, Total Cover UIN - IRDAN103RP0012V02100001/A0011V01200910, EMI Protection UIN - IRDAN103RP0012V02100001/A0008V01201415, Daily Allowance Benefit UIN - IRDAN103RP0012V02100001/A0007V01200910, Daily Allowance Benefit Plus UIN - IRDAN103RP0012V02100001/A0012V01201415, Voluntary Deductible UIN - IRDAN103RP0012V02100001/A0024V01200910, Consumable Expenses UIN - IRDAN103RP0012V02100001/A0006V01202223, Engine Protector UIN - IRDAN103RP0012V02100001/A0005V01202223, Additional Towing Charges UIN - IRDAN103RP0012V02100001/A0034V01200910, Return to Invoice UIN - IRDAN103RP0012V02100001/A0024V01202223, Tools and Equipment Cover UIN - IRDAN103RP0012V02100001/A0032V01200910, Loss of Personal Belongings UIN - IRDAN103RP0012V02100001/A0031V01200910, Hospital Cash Cover UIN - IRDAN103RP0012V02100001/A0026V01202223, Replacement Locks Insurance UIN - IRDAN103RP0012V02100001/A0020V01200910, No Claim Discount One Step Down Cover UIN - IRDAN103RP0012V02100001/A0017V01200910, Emergency Hotel Accommodation UIN - IRDAN103RP0012V02100001/A0027V01200910, Additional Limit of TTPD UIN - IRDAN103RP0012V02100001/A0030V01200910, IndusInd Commercial Vehicle Assistance UIN - IRDAN103RP0012V02100001/A0089V01202425, Tyre Protector UIN - IRDAN103RP0012V02100001/A0087V01202425, Rim Protector UIN - IRDAN103RP0012V02100001/A0088V01202425, Key Protect UIN - IRDAN103RP0012V02100001/A0086V01202425, Electric Vehicle Battery Protection Cover UIN: IRDAN103RP0012V02100001/A0084V01202425, Electric Motor Protect Cover UIN - IRDAN103RP0012V02100001/A0083V01202425, Electric Vehicle Charger Cover UIN - IRDAN103RP0012V02100001/A0085V01202425. Limit sure Pay As You Drive UIN - IRDAN103RP0012V02100001/A0005V01202526.



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