

INDUSIND MOTOR VEHICLE EXTENDED WARRANTY AND PROTECTION FOR TWO WHEELER (ICE & EV) - PROPOSAL FORM

GUIDELINES TO FILL THE PROPOSAL FORM

Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable

Insurance is a contract of "Utmost Good Faith" requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the Proposal form. If you think any fact is material, please disclose it.

The Policy shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or anyone acting on his behalf.

Kindly contact the Company's offices or agents for any doubts or clarifications on the Proposal form

Note - The liability of the Company does not commence until this proposal has been accepted by the Company and the requisite premium paid.

FOR OFFICE USE ONLY

| | |
|--------------------|-------|
| Intermediary Name | Code: |
| Branch Name | Code: |
| Sales Manager Name | Code: |
| Master Policy No. | |

FOR OFFICE USE ONLY

| | |
|---------------------|-------------------|
| Issuing Branch | Payment Ref No. |
| Phone No. | Rural / Urban |
| Agent Reference No. | Proposal Form No. |

DETAILS OF VEHICLES

| Vehicle Make | Vehicle Model & Variant | Cubic Capacity | RTO Authority | Vehicle Registration Number | Date of Registration |
|--------------|-------------------------|----------------|---------------|-----------------------------|----------------------|
| | | | | | DD / MM / YYYY |

| | |
|--|--|
| 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): | Body Type |
| Odometer Reading | Date of Purchase of the Vehicle by the proposer: DD / MM / YYYY |
| Vehicle Ex-showroom Price (In case of Resale please provide Invoice Value) ₹ _____ | Purchase Type <input type="checkbox"/> New Vehicle <input type="checkbox"/> Resale Vehicle |
| Vehicle Driven By: <input type="checkbox"/> Self <input type="checkbox"/> Driver | Vehicle Fuel Type <input type="checkbox"/> Petrol <input type="checkbox"/> Electric |



| | |
|--|--|
| Commercial Usage | <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 |

| 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) (₹) | Total Value (₹) |
|--|--|--|--|-----------------|
| | | | | |

| 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 de-tails. | |
| Has the driver ever been involved for causing any accident or loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes" please give de-tails as under including the pending prosecution, if any | |
| Driver Date of Birth | D D / M M / Y Y Y Y | | |

| 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 _____ | |
| Aadhar Card Number | | |

#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].

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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 Motor Vehicle Extended Warranty And Protection For Two Wheeler (ICE & EV). UIN No.: IRDAN103RPMT0052V02202425.
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BASE COVER DETAILS

Cooling Period

_____ Days

Battery SoH: (Threshold below which claims will be payable under Section - I)

Base Covers

Section – I Warranty Covers:

1. Extended Warranty

Yes No

If Yes

Policy Tenure of Extended Warranty: _____ Years
_____ Months (Post Manufacturer Warranty)

Validity of Extended Warranty in terms of Kms:
_____ KM

2. Enhancement Cover

Yes No

If Yes:

Please specify type of enhancement:
(e.g. manufacturer-fitted CNG kit)

Please select one or more of the following:

A: Repair/Replacement of the Enhancement*

B: Repair of Insured Vehicle*

*only loss occurring directly in connection with the Enhancement(s) shall be covered

Please select the cover duration:

Manufacturing Warranty

Manufacturing Warranty & Extended Warranty

Only Extended Warranty

Other (Please specify) _____

Please select from the below options for Base Covers (not applicable for "A: Repair/Replacement of the Enhancement")

Option 1: Comprehensive cover for all parts under Manufacturing Warranty: Sum Insured (E.g. Ex - Showroom Price)

Option 2: Part-wise covers

(For Option 2 Please choose one or more Covers from the below)

ICE Cover 1: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

ICE Cover 2: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

ICE Cover 3: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

ICE Cover 4: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

For TW EV:

EV Cover 1: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

EV Cover 2: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

EV Cover 3: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

EV Cover 4: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

EV Cover 5: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxx)

Section – II Accidental Damage Covers:

3. Screen Damage Cover

Yes No

If Yes:

Policy Tenure: (To be captured as per Master Proposal Form)

Starting Immediately: _____ Years _____ Months

Starting Post the no. of years covered under Manufacturing Warranty: _____ Years _____ Months

Starting After: _____ Years _____ Months

Deductible: 0 250 500 750 1000

1500 2000 2500 3000

Sum Insured: _____% of Invoice Value



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| | | | |
|--|--|-----------------------------|--|
| | | 4. Battery Protection Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Policy Tenure: (To be captured as per Master Proposal Form) <input type="checkbox"/> Starting Immediately: ___ Years ___ Months <input type="checkbox"/> Starting Post the no. of years covered under Manufacturing Warranty: ___ Years ___ Months <input type="checkbox"/> Starting After: ___ Years ___ Months Battery Serial Number: _____ Maximum no. of Claims: _____ Depreciation: <input type="checkbox"/> ___ % per annum |
|--|--|-----------------------------|--|

CKYC DETAILS – SECTION I

| | | | |
|---|--|---------------------------------|--|
| Date of Birth | D D / M M / Y Y Y Y | | |
| PAN No. Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide PAN No.: | |
| If PAN No. Not available (Only Applicable for individuals) | Please attach Form 60 duly signed & attested. | | |

INSURED'S CKYC DETAILS – SECTION II (INDIVIDUALS)

| | | | |
|----------------------------------|--|----------------------------------|--|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: | |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: 1. <input type="checkbox"/> Driving License 2. <input type="checkbox"/> Passport 3. <input type="checkbox"/> Voter ID | | |

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

| | | | |
|----------------------------------|--|----------------------------------|--|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: | |
| Date of Incorporation | D D / M M / Y Y Y Y | | |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: 1. <input type="checkbox"/> Certificate of Incorporation 2. <input type="checkbox"/> Memorandum and Articles of Association 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) 5. <input type="checkbox"/> Trust Deed (Trusts and Foundations) | | |

INSURED'S CKYC DETAILS – SECTION IV

| | |
|--|--|
| If Name and Address is not the same as per the attached documents | |
| Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same) | |

ADD ON COVERS (SUBJECT TO AVAILABILITY AND ELIGIBILITY)

| | |
|---|--|
| a. Consumable Expenses (Applicable to Extended Warranty, Enhancement Cover and Battery Protection Cover) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|



| | |
|--|---|
| b. Daily Allowance Benefit (Applicable to Extended Warranty and Enhancement Cover) | <input type="checkbox"/> Yes <input type="checkbox"/> No Please Select the options to be offered to the customer: Daily Allowance (in multiples of ₹1000): _____ Maximum Days Payable: <input type="checkbox"/> 7 Days <input type="checkbox"/> 15 Days <input type="checkbox"/> 20 Days <input type="checkbox"/> 25 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 35 Days <input type="checkbox"/> 40 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 50 Days <input type="checkbox"/> 55 Days <input type="checkbox"/> 60 Days |
| c. Assistance Covers (Applicable to Extended Warranty, Enhancement Cover, Battery Protection Cover and Screen Damage Cover) | <input type="checkbox"/> Yes <input type="checkbox"/> No Please note, the cover duration for Assistance covers shall be limited to <i>(Print any one as per group level selection)</i> : <input type="checkbox"/> Manufacturing Warranty <input type="checkbox"/> Manufacturing Warranty & Extended Warranty <input type="checkbox"/> Only Extended Warranty <input type="checkbox"/> Other (Please specify) _____ |

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

DETAILS OF STANDARD WARRANTY INSURANCE

| | | | |
|--|----------------|----------------|----------------|
| Name of Standard Warranty Manufacturer | | | |
| Cover Inception Date | DD / MM / YYYY | Cover End Date | DD / MM / YYYY |
| Validity of Manufacturer's Warranty in terms of Kms | | | |
| Deductible, if any | | | |
| Please provide details of the routine maintenance servicing and any other servicing/ repair that have been conducted during the existing warranty period | | | |

COMPREHENSIVE MOTOR INSURANCE DETAILS

| | | | |
|---------------------|--|--|--|
| Name of Insurer | | | |
| Policy Number | | | |
| Period of Insurance | From Hrs of DD/MM/YYYY TIME To: Mid Night of DD/MM/YYYY TIME | | |
| Sum Insured | | | |
| Deductible | Change of Vehicle ownership in previous policy: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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PREVIOUS INSURANCE DETAILS

| Sr No. | Policy Period | Insurance Company | Premium Paid | Claims |
|--------|---------------|-------------------|--------------|--------|
| | | | | |

PAYMENT DETAILS

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 | <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) | | | | |

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

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.

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 |

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. | |



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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".

E-ACCOUNT OPENING

IndusInd General Insurance recommends to move towards a smarter and faster way of transacting by opening an e-Insurance account. Check here to opt in for E-Insurance account.

(Please click on the link sent to you on your registered mobile no through SMS and complete the e-IA Registration form)

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 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 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: _____

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

IMPORTANT NOTICE

1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically. You can download our claim form and claim procedure.

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

* conditions apply.

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



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ANNEXURE 1 - COVERAGE SUMMARY

1. Base Covers

i. Section – I Warranty Covers:

| | | |
|-----|--------------------|--|
| 1.1 | Extended Warranty | <p>Provides Cover against the reasonable repair or replacement Costs of any of the covered parts in respect of sudden and unforeseen failure of Insured Vehicle caused by an Electrical, Mechanical or Electronic Breakdown due to Manufacturing defects (attributable to faulty material or workmanship at the time of manufacture).</p> <p>Part Coverage Options for Section 1.1 Extended Warranty</p> <p>Option 1: Comprehensive cover for all parts under Manufacturing Warranty</p> <p>Option 2: Part-wise covers (The customer can choose one or more Covers from the below):</p> <p>For Two Wheeler ICE Engine</p> <ul style="list-style-type: none"> • ICE Cover 1 Powertrain • ICE Cover 2 Electrical and Electronics (including all sensors, instrument cluster & all electrical & electronic items). • ICE Cover 3 Suspension, brakes and steering • ICE Cover 4 Cooling system <p><i>For detailed description of Part-wise Covers, please refer Annexure – 3</i></p> <p>For Two Wheeler EV Engine:</p> <ul style="list-style-type: none"> • EV Cover 1 Powertrain & Motor Cooling system • EV Cover 2 Electrical and Electronics (including, all sensors, navigations systems, instrument cluster & all electrical & electronic items). • EV Cover 3 Suspension, brakes and steering system • EV Cover 4 Battery and BMS • EV Cover 5 Charging Unit <p><i>For detailed description of Part-wise Covers, please refer Annexure - 3.</i></p> <p>Parts not covered under the Policy: Irrespective of the option selected above the parts listed as 'Parts not covered' in the Policy Schedule shall not be covered under this Policy.</p> |
| 1.2 | Enhancement Covers | <p>Provides Cover against the reasonable repair or replacement Costs of any of the covered parts in respect of sudden and unforeseen failure of Insured Vehicle caused by an Electrical, Mechanical or Electronic Breakdown directly in connection with the Enhancement(s) made to the Insured Vehicle due to Manufacturing defects (attributable to faulty material or workmanship at the time of manufacture)</p> <p>Part Coverage Options for Section 3.2 Enhancement Cover:</p> <p>Choose 1 or both from the options below:</p> <p>A: Loss to Enhancement</p> <p>B: Loss to Vehicle due to Enhancement</p> <p>For B Choose 1 from the options below:</p> <p>Option 1: Comprehensive cover for all parts under Manufacturing Warranty</p> <p>Option 2: Part-wise covers (The customer can choose one or more Covers from the below):</p> <p>For Two Wheeler ICE Engine</p> <ul style="list-style-type: none"> • ICE Cover 1 Powertrain • ICE Cover 2 Electrical and Electronics (including all sensors, instrument cluster & all electrical & electronic items). • ICE Cover 3 Suspension, brakes and steering • ICE Cover 4 Cooling system <p><i>For detailed description of Part-wise Covers, please refer Annexure - 3.</i></p> <p>For Two Wheeler EV Engine:</p> <ul style="list-style-type: none"> • EV Cover 1 Powertrain & Motor Cooling system • EV Cover 2 Electrical and Electronics (including, all sensors, navigations systems, instrument cluster & all electrical & electronic items). • EV Cover 3 Suspension, brakes and steering system • EV Cover 4 Battery and BMS • EV Cover 5 Charging Unit <p><i>For detailed description of Part-wise Covers, please refer Annexure - 3.</i></p> |



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| | | |
|-----|-----------------------------|--|
| | | Parts not covered under the Policy: i. Irrespective of the option selected above the parts listed as 'Parts not covered' in the Policy Schedule shall not be covered under this Policy. ii. Section – II Accidental Damage Covers |
| 1.3 | EV Battery Protection Cover | Provides cover for repair and or replacement of damaged lithium-ion battery and or Battery Management System (BMS) arising during the Risk Period due to: i. Unexpected Power Surge while charging the lithium-ion battery ii. Mechanical shock to the lithium-ion Battery or Battery Management System (BMS) iii. Water ingress or moisture buildup within the lithium-ion battery or the BMS, due to submergence in water following a flood and or inundation iv. Spontaneous, unexplained, and uncontrolled exothermic electrochemical reactions (of substrates that are within the battery cells) resulting in explosion of and or visible flames and or smoke from the lithium-ion battery or the BMS |
| 1.4 | EV Screen Damage Cover | Provides screen repair or replacement reimbursement charges damaged due to any external, involuntary and unforeseeable cause arising during the Risk Period |

ANNEXURE 2 - ADD ON COVERS

| | |
|-----------------------------|---|
| 2.1 Consumable Expenses | Covers cost of Consumables required to be replaced/ replenished in direct connection with the claim arising under Annexure 1 Base Cover. Consumables for the purpose of this cover shall include engine oil, Gear Box oil, lubricants, nut & bolt, screw, distilled water, grease, oil filter, bearings, washers, clip, brake oil, fuel filter, air conditioner gas and items of similar nature excluding fuel. |
| 2.2 Daily Allowance Benefit | Daily cash allowance to the Insured in case the Insured vehicle is present in an Authorized Workshop / Service Station for more than the Time Excess (days), for repairs from the date of delivery of the Insured Vehicle to the Authorized Workshop / Service Station. The Daily Allowance Benefit shall be payable over and above the Sum Insured. |
| 2.3 Assistance Covers | The Benefits and services under Assistance Covers shall be made available over and above the Sum Insured. |
| Notes to Coverage Summary: | i. Parts not covered under the Policy: Irrespective of the option selected under Section 3.1 and/or Section 3.2 above, the parts listed as 'Parts not covered' in the Policy Schedule shall not be covered under this Policy. ii. Assistance Covers (to be printed only if Assistance covers are opted. Only the covers selected in the Master Proposal Form should be printed): |

| Section | Covers | Sub Section | Coverage Selection (Please tick to select) | Coverage Radius | Sum In-sured/ Limits | Criteria |
|---------|--|---|--|-----------------|----------------------|---|
| 4.3.1 | 24/7 Road Side Assistance (Mandatory) | | | | | |
| 4.3.1.1 | Emergency Towing | Accidental towing services Breakdown Towing services | Mandatory | ___ kms | Not Applicable | Minimum of 25 km with multi-ples of 5 km. |
| | | Towing or Battery Generator for EV Battery drainage and/or Malfunction | | | | |
| 4.3.1.2 | On-Site Assistance | Minor Repair Flat Battery or Jump Start | | | | |
| | | Spare Key Retrieval and or Services of Keys Locked inside Service of Flat Tyre | | | | |

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|---------|--|--|----------------|--|--|
| 4.3.2 | Fuelling Service (Optional) | | | | |
| 4.3.2.1 | Emergency Fuel (Fuel Delivery) | | ___ kms | Not Applicable | Minimum of 25 km with multiples of 5 km |
| 4.3.2.2 | Wrong Fueling | <input type="checkbox"/> Yes <input type="checkbox"/> No | ___ kms | | |
| | | | Not applicable | INR___ Max of 2 claims in a policy period | Minimum of INR 500 with multiples of 500 INR. |
| 4.3.3 | Emergency Medical Assistance (Optional) | | | | |
| 4.3.3.1 | Medical Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not applicable | Max of 2 contacts | - |
| 4.3.3.2 | Emergency Road Ambulance Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ | Minimum of INR 3000 with multiples of 1000 INR |
| 4.3.3.3 | Emergency Air Ambulance Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ | Options available 2 lakh and multiples thereof 50K |
| 4.3.3.4 | Blood Transfusion Services | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ | Minimum of INR 3000 with multiples of INR 1000 |
| 4.3.3.5 | Transportation Benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ | Minimum of INR 2000 with multiples of INR 1000 |
| 4.3.3.6 | Accidental Medical Hospitalization | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ each, for ___ passengers including driver | Options available: INR 1 lakh, 2.5 lakh, 5 lakh |
| 4.3.3.7 | Companion Accommodation | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ for 4 days of stay | Minimum of INR 3000 with multiples of INR 1000 |
| 4.3.3.8 | Accidental Medical OPD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | INR___ each, for ___ passengers including driver; deductible Rs. ___ | Minimum of INR 1000 with multiples of INR 1000 |
| 4.3.4 | Legal Assistance Cover (Optional) | | | | |
| 4.3.4.1 | Legal Advisor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | Not applicable | Not Applicable |
| 4.3.5 | Flood Assistance (Optional) | | | | |
| 4.3.5.1 | Vehicle Transportation | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ km | Not applicable | Minimum of 25 km with multiples of 5 km |
| 4.3.5.2 | Drying and Cleaning services | | Not applicable | INR_____ | Minimum of INR 1000 with multiples of INR 500 |



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|---------|--|--|---------------------|---|--|
| 4.3.6 | Value Added Services (Optional) | | | | |
| 4.3.6.1 | Reminder and Advisory | | | Not Applicable | Not Applicable |
| 4.3.6.2 | Loss of documents | <input type="checkbox"/> Yes <input type="checkbox"/> No | Not Applicable | INR____, Maximum 1 claim in a policy period | Minimum of INR 1000 with multiples of 500 INR. |
| 4.3.6.3 | Chauffer on Demand | | Not Applicable | Not Applicable | Not Applicable |
| 4.3.6.4 | Continuation/Return Journey - Taxi Support | | Outside of 20 kms | INR____ | Minimum of INR 2000 with multiples of INR 1000 |
| 4.3.6.5 | Hotel Accommodation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outside of 250 kms | INR____ | Minimum of INR 1000 with multiples of INR 1000 |
| 4.3.6.6 | Arrangement of Pick-up and Delivery of Vehicle or Home Visit | | Not Applicable | Not Applicable | Not Applicable |
| 4.3.6.7 | Concierge Services | | ____Incidents | Not Applicable | Not Applicable |
| 4.3.7 | Preventive Care Services (Optional) | Yes / No | Not Applicable | As specified in annexure | Not Applicable |
| 4.3.8 | Travel Assistance Services (Optional) | Yes / No | Not Applicable | INR____ | Minimum of INR 1000 with multiples of INR 1000 |
| 4.3.8.1 | Missed Travel cover | Yes / No | Not Applicable | INR____ | |
| 4.3.8.2 | Missed Event Cover | Yes / No | Not Applicable | INR____ | |
| 4.3.8.3 | Physical Wallet Assure | Yes / No | Outside of ____ kms | INR____ | |
| 4.3.9 | Payment Card Protection | Yes / No | Not Applicable | INR____; Deductible INR____ | Minimum of INR 1000 with multiples of INR 1000 |
| 4.3.10 | Service Guarantee (Built-in) | Yes | | INR____ | |

Note:

1. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage
2. 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.

ANNEXURE 3 - PARTS COVERAGE FOR SECTION I – COMPULSORY COVERS

| COVER | | COMPONENTS COVERED | |
|----------------------------|------------|-------------------------|--|
| FOR TWO-WHEELER ICE | | | |
| ICE Cover 1 | Powertrain | a. Engine | All internal components including cylinder head and head gasket, oil pump and drive, crankshaft and related bearing and seals, flywheel and ring gear, timing gears, camshaft and related bearing and seals, cam follower, valves (excluding burnt and pitted valves) valve gear, pistons, connecting rod, gudgeon pin, inlet and exhaust manifolds, internal oil seals, bore and or liner, subject to vehicle serviced as per Manufacturer schedule at authorized service station (failure due to worn or burn out clutches and bands are not covered.) |
| | | b. Gear Manual gearbox: | All internal components, including gears, shafts, synchromesh hubs & rings, selectors, bearings, transfer gears. subject to vehicle serviced as per manufacturer schedule at authorized service station. (Failure due to worn or burn out clutches and bands are not covered.) |



| | | | |
|---|---|-------------------------------------|--|
| | | c. Fuel System | Tank sender unit, Fuel injection pump, injectors, Throttle body, Carburettor assembly, fuel tank (only for non-accidental leaks from the tank). |
| ICE Cover 2 | Electrical and Electronics (including all sensors, instrument cluster & all electrical & electronic items). | a. Power supply & electrical system | Starter motor & solenoid switch, alternator, rectifier, regulator, ignition coil, ignition switch, relay, thermostat switch, Instrument cluster including speedometer / tachometer, oil pressure switch, temperature gauge, fuel gauge, horns, heated handlebar grips. |
| | | b. Engine Management System | Crank angle sensor, wheel speed sensor, coolant temperature sensor, some parts pertaining to emission warranty is incorporated in the Mechanical Breakdown cover. |
| ICE Cover 3 | Suspension, brakes and steering | a. Suspension System | Front forks assembly, Suspension struts including spring and dampers, rear shock absorbers. |
| | | b. Brake System | Brake Master Cylinder, ABS Control Unit, Front and rear Brake pedal switch, brake calipers, Brake hose. |
| ICE Cover 4 | Cooling system | Cooling System | Radiator, radiator cooling fan, water pump, thermostat, engine oil cooler (failure due to external damage or corrosion is not covered). |
| FOR TWO-WHEELER EV | | | |
| EV Cover 1 | Powertrain & Motor Cooling system | | Electric Drive Motor, Stator, Rotor Winding, Drive Motor assembly, Motor Control Unit (MCU), Radiator, radiator cooling fan, fan motor, thermostat, Motor cooler (failure due to external damage or corrosion is not covered). |
| EV Cover 2 | Electrical and Electronics (including, all sensors, navigations systems, instrument cluster & all electrical & electronic items). | | Instrument Cluster including speedometer, Touchscreen assembly, Wheel Speed Sensors, ABS control Unit, Touchscreen control switches, Remote key, Vehicle immobilizer. |
| EV Cover 3 | Suspension, brakes and steering system | | Suspension Struts including spring and damper, Master Cylinder, Brake Calipers., front fork assembly, ABS control unit. |
| EV Cover 4 | Battery and BMS | | High Voltage battery Casing, battery Modules, Battery assembly, Battery management system (BMS) unit, Inverter-converter unit, Onboard Charger. This Cover will be valid only for new vehicle batteries purchased along with the Insured vehicle and is not valid for refurbished or second-hand vehicle battery. The coverage for EV battery should be provided if at the end of standard Manufacturer Warranty, the following conditions should be met: 1. Battery State Of Health (SOH) value is above 70% 2. There is no physical impact on the Battery 3. Complete service history is available for the entire duration of Standard Warranty 4. There are no signs of flooding 5. Battery charging operation is normal without any cut-off. 6. No warning signs shown on Instrument cluster for Battery or BMS. |
| EV Cover 5 | Charging Unit | | Battery charger provided with vehicle by Manufacturer. |
| Note – Any Vehicle part which helps in functioning of an assembly but is not a part of that very assembly shall not be covered unless opted in combination of the corresponding Covers e.g., Oxygen sensor helps in efficient functioning of engine & transmission assembly but is covered only under Cover 2 and not under Cover 1. | | | |



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