

**LONG TERM TWO WHEELER PACKAGE POLICY - PROPOSAL FORM**

**Note:**

- 1) Policy wordings are available on request.
- 2) Please complete all sections in capitals & tick boxes wherever applicable.
- 3) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void.
- 4) Geographical Area of operation: INDIA.

Long Term Two Wheeler Policy	<input type="checkbox"/> 2 Year Plan	<input type="checkbox"/> 3 Year Plan
Is the Vehicle Made in India	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Cover Required:	<input type="checkbox"/> Package Policy	

**For Office Use Only**

Policy Number	Date:	DD / MM / YYYY
Reference No	Inspection Lead No.	

**INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)**

Intermediary Name	Code
Branch Name	Code
Sales Manager Name	Code

**DETAILS (To be filled in BLOCK LETTERS)**

1. This Proposal is for a	<input type="checkbox"/> Used	<input type="checkbox"/> Renewal	<input type="checkbox"/> Rollover			
2a. Proposer's Full Name (Registered Owner of the Vehicle)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/S.	F I R S T	M I D D L E L A S T			
2b. Address	Address for Communication	Address where Vehicle is Normally Kept and Used				
Flat/Building/Door/Block No.						
Road/Street/Sector						
Nearest Landmark						
Area						
City						
Pin Code						
State						
Country						
Phone		Mobile				
Email		Fax				
Fast Tag Id						
3. 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
4. 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		



5. Any other KYC		6. Pan No.	
7. Do you have a GST Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please specify			
8. Do you have closed parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Repair at preferred garage	
10. Period of Insurance	From: DD/MM/YYYY Hrs of HH/MM To: DD/MM/YYYY Mid Night Hrs of HH/MM		
(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.:	
Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching:			
If CKYC Number is not available:	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		
Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached:			
If CKYC Number is not available:	1. <input type="checkbox"/> Certificate of Incorporation 2. <input type="checkbox"/> Memorandum and Articles of Association 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) 5. <input type="checkbox"/> Trust Deed (Trusts and Foundations)		

#### Insured's CKYC Details – Section IV

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

DETAILS OF THE VEHICLE			
11. Registration Number:		12. Date of Registration	DD / MM / YYYY
13. Registering Authority & Location		14. Year & Month of Manufacture	
15. Engine Number		16. Chassis Number	
17. Make of Vehicle		18. Model of the Vehicle	
19. Type of Body	<input type="checkbox"/> Bike <input type="checkbox"/> Scooter	20. Cubic Capacity	
21. Seating capacity including Driver		22. Fuel Type	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Others


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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 Long Term Two Wheeler Package Policy. UIN No.: IRDAN103RP0001V01201718. IGI/MCOM/CO/MOT-06/ILTTWPP-PF/Ver.1.2/290126.



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23. Where the vehicle being Used	<input type="checkbox"/> a) Metro Usage <input type="checkbox"/> b) Rural Usage <input type="checkbox"/> c) Semi-Urban Usage <input type="checkbox"/> d) Hilly Terrain <input type="checkbox"/> e) Off Road Usage
24. Where the vehicle is generally parked during Night	<input type="checkbox"/> a) Road Side Parking <input type="checkbox"/> b) Pay & Park <input type="checkbox"/> c) Own Parking Garage <input type="checkbox"/> d) Open within residential compound <input type="checkbox"/> e) Still Parking

#### DETAILS OF THE VEHICLE TYPE AND USE

25. a. Whether the Vehicle is driven by Non-conventional source of power?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	<input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG

Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
<p>The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this Policy and shall be fixed for each year of the policy at the commencement of policy period for the insured vehicle.</p> <p>The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model of the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside).</p> <p>The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only.</p> <p>IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured</p>	Not exceeding 6 Months	5%
	Exceeding 6 months but not exceeding 1 year	15%
	Exceeding 1 year but not exceeding 2 years	20%
	Exceeding 2 years but not exceeding 3 years	30%
	Exceeding 3 years but not exceeding 4 years	40%
	Exceeding 4 years but not exceeding 5 years	50%

Policy Tenure	Insured Declared Value (IDV) of the Vehicle	Non-Electrical Accessories fitted to the Vehicle	Electrical and Electronic Accessories fitted to the Vehicle	Side Car (TwoWheeler)	Total Value
1 Year					
2 Years					
3 Years					

b. Do You Have PUC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Age of Owner Driver & Date of Birth:	DD / MM / YYYY
27. Add On Covers (Subject to availability and eligibility)	
a. Hospital Cash Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sum Insured: _____ No of Days: _____ Convalescence Benefit SI: _____	
b. Consumable	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Engine Protect	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Easy Monthly Instalment (EMI) Protection Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please choose any one option;	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Plan I - EMI , EMI Amount: ₹ _____	<input type="checkbox"/> Plan II - 2 EMIs, EMI Amount: _____
<input type="checkbox"/> Plan III - 3 EMIs, EMI Amount: ₹ _____	
e. Nil Depreciation	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. How many person in your family can use this vehicle?	
29. Are you an employee of IndusInd ADA Group? If Yes Please provide Employee ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Is the vehicle fitted with any Anti-theft device?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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31. Are you a member of Automobile Association of India? If yes, please submit membership copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Name of the Association _____	
b. Membership Number _____ c. Date of Expiry: D D / M M / Y Y Y Y	
32. Will the Vehicle be exclusively used for	
a. Private, social, domestic, pleasure and professional purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Carriage of goods other than samples or personal luggage or commercial purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Whether the Vehicle is used for Driving Tuitions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Whether the Vehicle is limited to Own Premises? (Only if not licensed for general road use by RTO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Whether the Vehicle is fitted with Fibre Glass Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Whether the Vehicle belongs to the Embassy/Consulate of a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is the duty element included in the IDV?	
37. Whether the Vehicle is design for use of Blind/ Handicapped/ Mentally Challenged Person? (Attach RC Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Date of purchase of vehicle by the proposer:	D D / M M / Y Y Y Y
39. Whether the Vehicle at the time of purchase was	<input type="checkbox"/> New <input type="checkbox"/> Second Hand
40. Are you an existing IndusInd General Insurance customer: If Yes Please provide, Policy Number	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### RISK INCLUSIONS

41. Please select the higher deductible if you wish to opt for over and above the compulsory deductible ₹ 100 for Two-Wheeler

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

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

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

43. Do you wish to cover Legal Liability to?

a) Driver (No. of persons \_\_\_\_\_)  Yes  No

b) Other employees (No. of persons \_\_\_\_\_)  Yes  No

c) Unnamed Passengers (No. of Persons \_\_\_\_\_)  Yes  No

44. Cover for loss of Accessories in case of theft

Yes  No

Sum Insured \_\_\_\_\_ for loss of accessories cover

45. Do you wish to include Personal Accident (PA) cover for named persons?

Yes  No

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

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

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

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

Number of Persons	CSI Opted

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

Name	Name of Nominee	Age of Nominee	Name of Appointee	Name of Appointee	Relationship	Address

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

48. Extension of Geographical Area: Whether extension of Geographical Area to the following countries required?  Yes  No

Bangladesh  Bhutan  Maldives  Nepal  Sri Lanka  Pakistan

48. 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 \_\_\_\_\_

50. Any Other Material facts relevant for this Insurance? \_\_\_\_\_

#### PAYMENT DETAILS FOR THIS PROPOSAL

<input type="checkbox"/> Cheque <input type="checkbox"/> DD	Cheque /DD No.:
Cheque Date	DD/MM/YYYY
Credit Card	Cash
Others	

#### PREVIOUS INSURANCE DETAILS

51. Is the vehicle in good condition?  Yes  No

If no please give full details. \_\_\_\_\_

52. Is previous insurance in your name?  Yes  No

53. Full Name of Previous Insurer:  Mr.  Ms.  Mrs. F I R S T M I D D L E L A S T

Address: \_\_\_\_\_

54. Policy Number: \_\_\_\_\_

55. Period of Insurance: DD/MM/YYYY to DD/MM/YYYY



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56. Type of Cover:		<input type="checkbox"/> Package Policy <input type="checkbox"/> Liability Only <input type="checkbox"/> Other (to be described) _____	
57. NO CLAIM BONUS (NCB) allowed under previous policy (%):			
58. Claim lodged during the preceding 3 years:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes			
Year	Number	Claim Amount	
59. Are you entitled to No Claim Bonus: If yes, please submit / attached proof thereof		<input type="checkbox"/> Yes <input type="checkbox"/> No	
60. Has any insurance company ever			
<input type="checkbox"/> Declined Your Proposal		<input type="checkbox"/> Required an increase in premium	
<input type="checkbox"/> Cancelled or Refused your Renewal		<input type="checkbox"/> Imposed Special Conditions or Excess	
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
61. Details of Drivers:			
a) How many users using the vehicle			
b) Age	Owner Driver	Other	
c) Does the driver suffer from defective vision or hearing or any physical infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" Please give details			
d) Has the driver ever been involved convicted for causing any accident or loss? If yes please give details as under including the pending prosecution if any.			
Driver's Name	Date of Accident	Circumstances of Accident/ Claim	Loss/ Cost Rs.
e) Driving Experience	_____ Years		
f) Type of Driving License:	<input type="checkbox"/> MC 50CC <input type="checkbox"/> MC EX50CC <input type="checkbox"/> FVG <input type="checkbox"/> Motorcycle with Gear <input type="checkbox"/> LMV <input type="checkbox"/> LMV-NT <input type="checkbox"/> LMV-TR <input type="checkbox"/> HMV <input type="checkbox"/> HPMV <input type="checkbox"/> HTV <input type="checkbox"/> Tractor		
g) Change of Vehicle ownership in previous year policy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Payment Details</b>			
<input type="checkbox"/> Cheque <input type="checkbox"/> DD			
Cheque or DD Amount	Amount in words		
Bank Name			
Cheque/DD No.	Cheque/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 TBank 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.

**NOMINEE'S DETAILS. PLEASE GIVE DETAILS OF NOMINATION**

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

**Nominee's Bank Details**Name of the Bank Account Holder  Mr.  Mrs.  Ms. F I R S T M I D D L E L A S TBank Account No.: Account:  Saving  Current

Name of the Bank

Branch

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

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

 I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

**PEP DECLARATION:**Are you a Politically Exposed Person (PEP)?  Yes  No

If yes, please mention the position held

Is any of your close relation or family member a PEP?  Yes  No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

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**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".

**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**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

PROPOSER'S SIGNATURE *	Date	Place	Time
Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY			

\*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

**AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY]**

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

I, (Full Name) \_\_\_\_\_ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name	
Agent / Intermediary Code	License No.

Place: \_\_\_\_\_ Date: D D / M M / Y Y Y Y  
[Display 'Confirmed' when ticked] \_\_\_\_\_ Signature of Agent / Intermediary



## 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-IARegistration form)

## Declaration

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/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, misdescription of non-disclosure 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 further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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.

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: DD/MM/YYYY

Date: DD/MM/YYYY

Signature of Proposer  
Signature of Authorized Person  
(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal  
Signature of Authorized Person  
(In case of Specially Abled Proposer)

## 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.

**Note:** Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.



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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 Long Term Two Wheeler Package Policy. UIN No.: IRDAN103RP0001V01201718. IGI/MCOM/CO/MOT-06/ILTTWPP-PF/Ver.1.2/290126.



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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.  Mrs.  Ms. F I R S T M I D D L E L A S T

Date: D D / M M / Y Y Y Y

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

(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.
4. The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (iii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR No. 164 (f) dated 25.02.2022 w.e.f 01.4.2022).

Also view claim status on our website.

Insurance is the subject matter of solicitation.

\* conditions apply.

**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

Long Term Two Wheeler Package Policy-IRDANI03RP0001V01201718 ; Daily Allowance Benefit Plus for Two Wheeler - Long Term Two Wheeler-IRDANI03RP0001V01201718/A0015V01202122 ; Engine Protector for Two Wheeler - Long Term Two Wheeler-IRDANI03RP0001V01201718/A0003V01202122 ; Helmet Cover for Two Wheeler - Long Term Two Wheeler-IRDANI03RP0001V01201718/A0014V01202122 ; Hospital Cash Cover for Two Wheeler LTTW-IRDANI03RP0001V01201718/A0002V01202021 ; Nil Depreciation for Two Wheeler - LTTW-IRDANI03RP0001V01201718/A0007V01202122 ; Return to Invoice for Two Wheeler - LTTW-IRDANI03RP0001V01201718/A0002V01202223 ; Consumable Expenses for Two Wheeler-LTTW-IRDANI03RP0001V01201718/A0004V01202122 ; EMI Protection for Two Wheeler-LTTW-IRDANI03RP0001V01201718/A0006V01202122



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