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| | | <p>(c) Such compensation shall be payable directly to the Insured or to his/her legal representatives whose receipt shall be the full discharge in respect of the injury to the Insured.</p> <p>This cover is subject to</p> <p>a) The Owner-Driver is the registered owner of the vehicle Insured herein.</p> <p>b) The Owner-Driver is the Insured named in this Policy.</p> <p>c) The Owner-Driver holds a valid driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989 (as amended), at the time of the accident.</p> | |
| 7. | Add-on Cover | Not Applicable | |
| 8. | Loss Participation | Not Applicable | |
| 9. | Exclusions | <p>Base Product</p> <p>1) Any accidental loss or damage suffered whilst the insured or any person driving with the knowledge and consent of the insured is under the influence of intoxicating liquor or drugs.</p> <p>2) Any accidental injury or liability caused/ sustained or incurred outside the Geographical Area</p> <p>3) A claim arising out of contractual liability.</p> <p>4) Any accidental injury and/or liability caused/ sustained or incurred whilst the vehicle Insured herein is:</p> <p>a) Being used otherwise than in accordance with the Limitations as to Use or</p> <p>b) Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's clause.</p> <p>5) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purposes of this exception combustion shall include any self-sustaining process of nuclear fission.</p> <p>6) Any accidental injury or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</p> <p>7) Any accidental injury and/or liability directly or indirectly or proximately or remotely occasioned by or contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder the Insured shall prove that the accidental injury and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.</p> | Policy Wording - Exclusions |
| 10. | Special Conditions and warranties (if any) | Not Applicable | |
| 11. | Admissibility of claim | <p>Admissibility of claim</p> <p>a) The claim must be in accordance with the terms and conditions of the insurance policy.</p> <p>b) The policyholder must have paid the premium amount due.</p> <p>c) The policyholder must inform the insurer about the claim within the specified time frame.</p> <p>d) The policyholder must provide supporting documents at the time of claim, such as PA claim form, driving licence, Registration copy, Permit, Fitness, FIR, Post mortem report (provided the death is due to an accident).</p> <p>e) The insurer may conduct an investigation to assess the claim's validity.</p> | |



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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 Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies. UIN No.: IRDAN103RP0065V02201819.

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| | | Denial of Claim | Personal Accident - No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) Intentional self-injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. |
| 12. | Policy Servicing - Claim Intimation and Processing | | Any issues related with respect to policy, kindly call us at 022 4890 3009 (Paid) or E-mail us at services@indusindinsurance.com . For any Claim related queries please contact us on - Call centre no: 022 4890 3009 (Paid) Email: services@indusindinsurance.com |
| 13. | Grievance Redressal and Policyholders Protection | | While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit: <ul style="list-style-type: none"> • Call us on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com • Visiting any of our nearest branches https://igi-locator.oppspot.com/?Searchby=branch&sourcesystem=website&phonenummer=&emailid=#/ • You may also write to us at: IndusInd General Insurance, Correspondence Unit, 2nd & 3rd Floor, Winway Building, 11/12, Block No-4, Old No-67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India – 452001 Escalation level 1: In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay, you may contact Grievance officer at grievances@indusindinsurance.com Escalation level 2: If the insured is not satisfied with the response received from escalation level 1, he/she may approach the Head of Grievance at Headgrievances@indusindinsurance.com If the insured is not satisfied with the response received from above mentioned touchpoints, he/she may approach the Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure ____ or you may visit https://cioins.co.in/ombudsman Details of Grievance Redressal Officer of the Insurer - https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf Bima Bharosa Portal https://bimabharosa.irdai.gov.in/ Ombudsman (Please provide contact details, Toll free number and email) https://cioins.co.in/ombudsman . |
| 14. | Obligations of the Policyholder | | <ul style="list-style-type: none"> a) Please disclose all the essential information of the risk before buying a Policy. b) In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately. c) Non-disclosure of material information may affect the claim settlement. |



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Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

For more details on risk features, terms and conditions, brochure, documents, please read Policy Wording at www.indusindinsurance.com to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. (<https://www.indusindinsurance.com/insurance/aboutus/downloads/downloads.aspx>)

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

