

**INDUSIND MOTOR VEHICLE EXTENDED WARRANTY FOR PASSENGER AND GOODS CARRYING COMMERCIAL VEHICLES (ICE) - 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

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) ___tonnes (in case of Goods carrying vehicles)
Engine Number: (Please fill in complete number)	Chassis Number: (Please fill in complete number)	
Body Type	Odometer Reading	

Date of Purchase of the Vehicle by the proposer:	D D / M M / Y Y Y Y		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 Category	<input type="checkbox"/> GCV 3W <input type="checkbox"/> GCV 4W <input type="checkbox"/> <input type="checkbox"/> PCV 3W <input type="checkbox"/> PCV Taxi <input type="checkbox"/> PCV Bus	
Vehicle Usage Type (applicable if PCV Bus)	<input type="checkbox"/> Contract Carriage (carries passengers for hire or reward and is engaged in a contract) <input type="checkbox"/> Stage Carriage ( a motor vehicle constructed or adapted to carry more than six passengers [excluding the driver] for hire or just reward) <input type="checkbox"/> Private Usage (a motor vehicle used to transport persons, when such transportation is not undertaken for compensation or gain)				
Vehicle Usage Sub Type (applicable if Contract Carriage)	<input type="checkbox"/> School Bus <input type="checkbox"/> Employee Pickup Bus <input type="checkbox"/> Others				
Vehicle Driven By:	<input type="checkbox"/> Self <input type="checkbox"/> Driver				
Vehicle Fuel Type	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/> Electric (Including Hybrid) <input type="checkbox"/> Others (Please specify: _____)				
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) (₹)	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 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.    F I R S T    M I D D L E    L A S T	
	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	

### COVER DETAILS

Cooling Period	_____ Days	
Base covers	Extended Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Policy Tenure of Extended Warranty: _____ Years _____ Months (Post Manufacturer Warranty) Validity of Extended Warranty in terms of Kms: _____ KM
	Enhancement Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Type of enhancement: (e.g. manufacturer-fitted CNG kit and damage to Insured Vehicle due to manufacturer-fitted CNG kit) Repair/Replacement of the Enhancement*: Covered/ Not Covered (Please pre-print as per Master Policy selection) Repair of Insured Vehicle*: Covered/ Not Covered (Please pre-print as per Master Policy selection) *only loss occurring directly in connection with the Enhancement(s) shall be covered Please note, the cover duration for Enhancement Warranty shall be limited to (Print any one as per group level selection): <ul style="list-style-type: none"> <li>• Manufacturing Warranty</li> <li>• Manufacturing Warranty &amp; Extended Warranty</li> <li>• Only Extended Warranty</li> <li>• Other (Please specify) _____</li> </ul>

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 Powertrain: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxxxxxxx)
- ICE Cover 2 Steering & Suspension & Braking System: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxxxxxxx)
- ICE Cover 3 Electricals and Electronics: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxxxxxxx)
- ICE Cover 4 Air Conditioning System: Sum Insured (E.g. x% of Ex - Showroom Price or ₹ xxxxxxxx)

### 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

 Yes  No

If Yes, Please Provide CKYC No.:

If CKYC Number is not available:

Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching:

- Driving License
- Passport
- Voter ID

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

CKYC No.: Available

 Yes  No

If Yes, Please Provide CKYC No.:

Date of Incorporation

D D / M M / Y Y Y Y

If CKYC Number is not available:

Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached:

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

**INSURED'S CKYC DETAILS – SECTION IV**

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

**ADD ON COVERS (SUBJECT TO AVAILABILITY AND ELIGIBILITY)**

a. Consumable Expenses

 Yes  No

b. Daily Allowance Benefit

 Yes  No

Daily Allowance (in multiples of ₹1000): \_\_\_\_\_

Maximum Days Payable:

- 
- 7 Days
- 
- 15 Days
- 
- 20 Days
- 
- 25 Days
- 
- 30 Days
- 
- 35 Days
- 
- 
- 40 Days
- 
- 45 Days
- 
- 50 Days
- 
- 55 Days
- 
- 60 Days

b. Assistance Covers

 Yes  No

Please note, the cover duration for Assistance covers shall be limited to (Print any one as per group level selection):

- Manufacturing Warranty  
Manufacturing Warranty & Extended Warranty  
Only Extended Warranty

**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 MANUFACTURER'S WARRANTY**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: Yes  No**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 Mr.  Ms.  Mrs.

F I R S T M I D D L E L A S T

Bank Account No.:

Account Type:

 Saving  Current

Name of the Bank

Branch

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

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

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

\*Please attach a copy of signed cancelled cheque of the Bank Account of the insured only

**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.

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

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Proposer's Signature\*

\*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.

**PEP DECLARATION:**

Are you a Politically Exposed Person (PEP)?

 Yes  No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

 Yes  No

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

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

**Note :**

**"Politically Exposed Persons" (PEPs)** shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

**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 of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.
- I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/ us and I/We have fully understood the significance of the proposed contract.

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 Proposer & Company Seal

**SELF DECLARATION FOR NAME AND ADDRESS MISMATCH:****SELF DECLARATION FORM**

Date \_\_\_\_\_

To, IndusInd General Insurance Company Limited.,

Address \_\_\_\_\_

I Mr./Mrs./Ms. \_\_\_\_\_, state and declare that my name has been misspelt as \_\_\_\_\_ in \_\_\_\_\_ although my name is \_\_\_\_\_ however the same is incorrectly mentioned as \_\_\_\_\_ in the \_\_\_\_\_. I hereby agree and confirm that what is stated above is true and correct information.

\_\_\_\_\_  
Signature of the Applicant

Name Address

**BASE COVER DETAILS**

S.No.	Cover details	Options								
3	<b>Base Covers</b> (It is mandatory to opt at least 1 Base Cover)									
	Section – I Warranty Covers:									
3.1	<b>Extended Warranty:</b> Provides Cover for 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)	Part Coverage Options for Section 3.1 Extended Warranty Option 1: Comprehensive cover for all parts under Manufacturing Warranty Option 2: Part-wise covers (The customer can choose one or more Covers from the below):  <b>ICE Part-wise Covers:</b> <table border="1"> <tr><td>1</td><td>Powertrain</td></tr> <tr><td>2</td><td>Electrical and Electronics</td></tr> <tr><td>3</td><td>Suspension, brakes and steering</td></tr> <tr><td>4</td><td>Cooling system</td></tr> </table> For detailed description of Part-wise Covers, please refer Annexure - I.	1	Powertrain	2	Electrical and Electronics	3	Suspension, brakes and steering	4	Cooling system
1	Powertrain									
2	Electrical and Electronics									
3	Suspension, brakes and steering									
4	Cooling system									
3.2	<b>Enhancement Cover</b> Provides Cover for 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):	Part Coverage Options for Section 3.2 Enhancement Cover: Choose 1 or both from the options below: A: Loss to Enhancement B: Loss to Vehicle due to Enhancement For B Choose 1 from the options below: Option 1: Comprehensive cover for all parts under Manufacturing Warranty Option 2: Part-wise covers (The customer can choose one or more Covers from the below):  <b>ICE Part-wise Covers:</b> <table border="1"> <tr><td>1</td><td>Powertrain</td></tr> <tr><td>2</td><td>Electrical and Electronics</td></tr> <tr><td>3</td><td>Suspension, brakes and steering</td></tr> <tr><td>4</td><td>Cooling system</td></tr> </table> For detailed description of Part-wise Covers, please refer Annexure - I.	1	Powertrain	2	Electrical and Electronics	3	Suspension, brakes and steering	4	Cooling system
1	Powertrain									
2	Electrical and Electronics									
3	Suspension, brakes and steering									
4	Cooling system									

4	Add-On Covers	
4.1	Consumable Expenses	Covers cost of Consumables required to be replaced/ replenished in direct connection with the claim arising under Section 3 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.
4.2	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.
4.3	Assistance Cover	The Benefits and services under Assistance Cover table below 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:

ASSISTANCE COVERS						
Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum Insured/ Limits	Criteria
<b>1.</b>	<b>Assistance Cover</b>					
1.1.	<b>24x7 Roadside Assistance</b>					
1.1.1.	Emergency Towing	Accidental towing services/ Breakdown Towing and Winching			Not Applicable	Minimum of 25 km with multiples of 5 km.
1.1.2.	On-Site Assistance	Jump Start for Run-Down Battery	Mandatory	_____ kms		
		Service of Flat Tyre Spare Key Retrieval and or Services of Keys Locked inside				
1.2.	<b>Minor Repair Services</b>					
1.2.1.		Minor Clutch Setting				
1.2.2.	Minor Repair Services	Airlock Out Setting	Yes / No	Not Applicable	Not Applicable	Not Applicable
1.2.3.		Universal Joint Cross Replacement				
1.2.4.		Brake Setting				
1.2.5.	Minor Repair Services	Minor Electric Problem	Yes / No	Not Applicable	Not Applicable	Not Applicable
1.2.6.		Fuel Line Bleeding				
1.2.7.		Leakage repair				
1.2.8.		Gear Lever Setting				

1.3	<b>Fuelling Service</b>					
1.3.1	Emergency Fuel	Fuel Delivery		_____ kms	Not Applicable	-
		Towing Service		_____ kms		
1.3.2	Wrong Fueling	Draining and Flushing of Fuel	Yes / No	Not applicable	INR_____,	Minimum of INR 5000 with multiples of INR 500
1.4	<b>Emergency Medical Assistance Cover</b>					
1.4.1	Medical Assistance	Ambulance contact, Medical facility contact, Emergency Message Transmission	Yes / No		Max of 2 contacts	-
1.4.2	Emergency Road Ambulance Service	Road Ambulance expenses	Persons Covered		INR_____	Minimum of INR 3000 with multiples of INR 1000
1.4.3	Emergency Air Ambulance	Air Ambulance expenses	• Self (Proposer)		INR_____	Minimum of INR 100000 with multiples of INR 50000
1.4.4	Blood Transfusion Service	Expenses Towards Blood Transfusion	• Driver of the Insured Vehicle	Not Applicable	INR_____	Minimum of INR 9000 with multiples of INR 5000
1.4.5	Accidental Medical Expenses	Hospitalization Expenses	• Conductor of the Insured Vehicle		INR on floater basis	Options available: INR 1 lakh, 2.5 lakh, 5 lakh
1.4.6	Alternate Driver Arrangement	Alternate Driver Arrangement	• Cleaner of the Insured Vehicle		Not applicable	Not applicable
			• Fare paying Passengers of the Insured Vehicle (as per vehicle's passenger carrying capacity)			
1.5.	<b>Legal Assistance Cover</b>					
1.5.1	Legal Advisor Contact	Legal Consultation in case of Accident	Yes / No	Not Applicable	Not Applicable	Not Applicable
1.6.	<b>Flood Assistance</b>					
1.6.1	Vehicle Transportation	Retrieval and transportation of the vehicle to garage		_____ km	Not Applicable	Minimum of 25 km with multiples of 5 km
1.6.2	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
1.7.	<b>Load Transfer Services</b>					
1.7.1	Unloading and Loading of Goods - Assistance	Unloading, loading and transfer of goods			Not Applicable	Not Applicable
1.7.2	Unloading and Loading of Goods - Benefit	Unloading, loading and transfer of goods	Yes / No	Not Applicable	INR_____	Minimum of INR 3000 with multiples of INR 1000
1.8.	<b>Value Added Services</b>					
1.8.1	Reminder and Advisory	Reminders for various documentation like P.U.C., Driving License, Services etc	Yes / No	Not Applicable	Not Applicable	Not Applicable

1.8.2	Loss of documents	Cost of Obtaining Duplicate documents	Yes / No	Not Applicable	INR____, Maximum 1 claim in a policy period	Minimum of INR 1000 with multiples of 500 INR.
1.8.3	Document Verification	Document Verification		Not Applicable	Not Applicable	Not Applicable
1.8.4	Continuation/ Return Journey – Bus or Taxi Support	Continuation/Return Journey - Taxi		Not Applicable	Not Applicable	Not Applicable
1.8.5	Continuation/ Return Journey – Bus or Taxi Benefit	Continuation/Return Journey - Taxi		Per Person per KM	____KM	Minimum of 25KM with multiples of 5KM
1.8.6	Hotel Accommodation - Support	Assistance for providing Hotel Stay during vehicle repair		Not Applicable	Not Applicable	Not Applicable
1.8.7	Hotel Accommodation - Benefit	Assistance for providing Hotel Stay during vehicle repair		Not Applicable	INR ____	Minimum of INR 1000 with multiples of 500 INR
1.8.8	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
1.8.9	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		Not Applicable	INR ____	Minimum of INR 2000 with multiples of 500 INR
1.9.	<b>Preventive Care Services (Optional)</b>	As per Policy Schedule			INR ____	

**Note:** The Short Description is indicative and provided only for reference. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage.

### ANNEXURE 3 – DETAILS OF PART-WISE COVERAGE:

COVER		COMPONENTS COVERED	
<b>For Passenger and Goods Carrying Commercial Vehicles (ICE)</b>			
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, Supercharger & internal components, Supercharger gasket. *All Inclusions Subject to vehicle serviced as per manufacturer prescribed schedule at an Authorized Service Station
		b. Transmission	<ul style="list-style-type: none"> <li>Manual gearbox: All internal components, including gears, shafts, synchromesh hubs &amp; rings, selectors, bearings, transfer gears.</li> <li>Automatic gearbox: All internal components, including shafts, gears, brake bands, oil pump, bearings &amp; bushes, valve, drive plate, transfer gears, Torque converter, Gearbox mechatronics unit, (failure due to worn or burn out clutches and bands are not covered.)</li> </ul>

			<ul style="list-style-type: none"> <li>Differential &amp; Transfer Case – Differential Unit, Differential internal gear set, crown wheel and pinion, constant velocity joints (With boot damages / cuts are not covered), Electronic/ mechanical Differential Lock, Propeller Shaft &amp; Bearing, Transfer case assembly, Transfer case internal gear set, synchromesh rings and hub, bushes, selector forks, drive chains, gear lever and bushes. (Failure due to worn or burn out clutches and bands are not covered.) All internal parts of a transfer case, hub and hub bearing, drive shaft &amp; couplings, constant velocity joints &amp; drive flange.</li> </ul>
		c. Exhaust System	Turbocharger, Turbocharger Actuator unit, inter cooler units where factory fitted, Catalytic Converter, Diesel Particulate Filter (DPF), Evaporative emissions control canister & purge valve, fuel tank cap and relief valve.
		d. Cooling System	Radiator Assembly, Coolant pump, Thermostat, Coolant Expansion Tank, Engine oil cooler (failure due to external damage or corrosion is not covered).
		e. Casings	Should failure of any of the components covered result in damage to the casings, then the casings shall also be covered and will constitute part of the maximum claim liability.  *All Inclusions Subject to vehicle serviced as per manufacturer prescribed schedule at an Authorized Service Station.
ICE Cover 2	Steering & Suspension & Braking System	a. Steering System	Steering Column Assembly, Steering Column Motor, Steering Rack (Electronic / Hydraulic), Steering Fluid tank, Power steering rack motor, Power Steering Pump, pressure pipes, steering angle sensor
		b. Suspension System	Suspension struts with springs and dampers, Air suspension bellows, Suspension Control Module
		c. Braking System	ABS Controller, Wheel Speed sensors, Brake Callipers, Parking brake motors, mechanical park brake mechanism, Park brake switch, hydraulic brake hose
ICE Cover 3	Electricals And Electronics	a. Engine Electronics	Starter motor & solenoid switch, alternator, rectifier, distributor, regulator, ignition coil, cooling fan motor, O2 Sensor, Manifold pressure (MAP) sensors, Air intake flow (MAF) sensors, Crankshaft position (CKP) Sensor, Camshaft position sensor, Variable valve timing Actuator, thermostat switch, oil pressure switch, temperature gauge, fuel level sensor, throttle position sensor, Engine Control Unit (ECU), Transmission Control Unit (TCU), High Pressure Fuel Pump, Fuel Sender unit, Fuel injectors, Glow Plugs, Diesel Exhaust Fluid (DEF) injector, Radiator cooling fan. EGR Valve, EGR Actuator, Air Intake Throttle body, Coolant Temperature sensors
		b. Interiors and Infotainment	Power window motors, Power window master Switch unit, Mirror Motors, Mirror Switch, Combination switch, ignition switch, relay, speedometer & Instrument Cluster, horns., OEM fitted infotainment systems – touch screens, Amplifier units, speakers, tweeters, mic, USB ports, charging ports, Wireless Phone charger, heads up display, Radio Antenna, headlight control units, Adaptive lighting motors, sunroof control switch, Sunroof rail and motors (Subject to sunroof rail serviced and lubricated, no rusting found).
		c. Vehicle Electronics and Control Units	Body control Module, Vehicle Immobilizer, ABS Controller, Wheel speed sensors, Tire Pressure Monitor Sensors/Valves (TPMS), Climate Control Unit, AC vent Motors, Suspension Control Module, Headlight Control Modules, Height Sensors, Crash Sensors, SRS-Airbag Module, Curtain Airbags, Driver & passenger Airbags, Rear seat / B-pillar Airbags, ADAS cameras, front / rear / mirror parking cameras, Blind spot monitoring camera, Blind spot monitoring sensors, LIDAR-RADAR (ADAS) sensors, Ultrasound ADAS sensors, parking assist control module, front / reverse/ Side Parking sensors (subject to sensor surface being free of any physical damages).
ICE Cover 4	Air Conditioning System	Cooling System	AC Condenser, AC compressor, Compressor valve, AC pipes, Valve Pins, Expansion Valve, Climate Control Assembly, Evaporator, Evaporator Reservoir, Heater Core, Cooling Coil, Interior Air Purifier units.

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.