



Schedule for Motor Cycle Scooter B Policy
UIN: IRDAN106P0013V01200001

Name		
Address for correspondence	Pin Code.....	Telephone
	No.....	
Name and Address of the Financer		
Period of Coverage	From.....am/pm	
	To.....am/pm	
Standard Motor Package Policy No.		
Total Premium		
PAY AS YOU USE (UIN: IRDAN106RP0013V01200001/A0028V01202223) Kilometer limit	Y/N

Vehicle Details	
Registration No	
Year of Manufacturing	
IDV (Insured Declared value under Motor Package Policy)	
Ex Showroom Price as on:	
a) Date of proposal	Rs.....
b) Date, month & year when the vehicle was purchased (Insured Value)	Rs.....
Engine No.	
Chassis No.	
Cubic Capacity	
Gross Vehicle Weight	
Class of the Vehicle	
Type of Coverage (e.g. Fire plus TP, Comprehensive etc)	
Seating Capacity	
Type of Body	

Depreciation Waiver (UIN: IRDAN106A0015V01200910)	
Basic Premium	Rs.....
Applicable loading for Age	Rs.....
Applicable loading for obsolete models	Rs.....
Total PREMIUM	Rs.

New Vehicle Replacement (UIN: IRDAN106A0015V01200910)	
Basic Premium (Applicable on Ex Showroom price of the vehicle alongwith Insurance Cost and Registration Cost)	Rs.....
Applicable loading for Age	Rs.....
Applicable loading for obsolete models	Rs.....
Total PREMIUM	Rs.....

Daily Rental/Travel Cost (UIN: IRDAN106A0015V01200910)	
Fixed Basic Premium	Rs.....
Total PREMIUM	Rs.....

Personal Effect & Belongings (UIN: IRDAN106A0015V01200910)	
Fixed Basic Premium	Rs.....
Total PREMIUM	Rs.....

Medical Expenses (UIN: IRDAN106A0015V01200910)		
A) Limits		
a) Limit for Anyone Insured Person		Rs.....
b) Limit for All Insured Person		Rs.....
	Applicable Premium	Rs.....
B) If; on named basis, then please mention the following details:		Limit:
New	Age	Relationship with Insured Person
1)		
2)		
3)		
4)		
5)		
	Sub Total	Rs.....
(Please mention the limit)		
	Applicable Premium	Rs.....
Total PREMIUM (A+B)		Rs.....

Personal Accident Coverage (UIN: IRDAN106A0015V01200910)		
Limits		
a) Limits for Anyone Insured Person		Rs.....
b) Limit for All Insured Persons		Rs.....
(No. of seats multiplied by Limit for Anyone Insured Person)		
	Applicable Premium Rate
Total PREMIUM		Rs.....

No Claim Bonus Protection (UIN: IRDAN106A0015V01200910)		
a) Percentage of No Claim Bonus on your insured vehicle under Motor Package Policy (in %)	
b) Own Damage Premium under Motor Package Policy		Rs.....
	Applicable Loading for Own Damage Premium in %
Total PREMIUM		Rs.....

Increased Property Damage Liability Benefit (UIN: IRDAN106A0015V01200910)	
Limits a) Limit for Anyone event (In excess of Limit of Liability under Section II of Standard Motor Package Policy)	Rs.....
Applicable Premium Rate
Total PREMIUM	Rs.

Wreckage/Debris Removal Cost (UIN: IRDAN106A0015V01200910)	
Limits of Liability (As percentage of Insured Declared Value as per the Motor Package Policy)	Rs.....
Total PREMIUM	Rs.....

Towing and/or Removal/Storage of the Insured Vehicle (UIN: IRDAN106A0015V01200910)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Accommodation and Travelling Expense (UIN: IRDAN106A0015V01200910)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Transport, Redelivery or Repatriation of Repaired Vehicle (UIN: IRDAN106A0015V01200910)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Consumable Cover (UIN: IRDAN106RP0013V01200001/A0013V01202223)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Loss of Key Cover (UIN: IRDAN106RP0013V01200001/A0014V01202223)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Helmet Cover (UIN: IRDAN106RP0013V01200001/A0031V01202223)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Equated Monthly Installment (EMI) Protection (UIN: IRDAN106RP0013V01200001/A0037V01202223)	
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As per the Limits mentioned in the Coverage Option opted _____ Time Excess _____ Max No of EMIs payable _____ EMI payment schedule based on the number of days the vehicle is under repair at the authorized garage/workshop _____	Rs.....
PREMIUM	Rs.....

PREMIUM DETAILS

Premium Details				
Total Premium	CGST	SGST	IGST	Gross Premium

In witness whereof , the undersigned being duly authorized has hereunder set his/her hand on this policy on

Toll Free: 1800-103-5499 ; Other: (0124) 4285499 ;
 or SMS "CLAIMS" to 56161.

Insurance Co. Ltd

GST:
 CIN : U74899DL2000PLC107621
 Policy Issuing Office: Delhi
 Consolidated Stamp Duty deposited as per the order
 of Government. of National Capital Territory of Delhi.

For IFFCO-TOKIO General
 Authorized Signatory