

***Proposal Form for Stand Alone Motor Own
Damage for Two Wheeler***

***We would request you to fill the form completely
for processing your Coverage quickly. If you
have any query please contact our Customer
Care Centre. We are committed to give our best
to our Customers to keep you all smiling.***

UIN: IRDAN106RP0001V01201920

Dear Customer

We IFFCO Tokio General Insurance Co. Ltd. (ITGI), put our best effort forward to provide you with the widest range of insurance products and services, each tailor-made to suit your needs. But helping us achieve our goal will be your support in sharing your personal information with us. This will enable us to create individual databases for our customers.

ITGI personnel's will be in constant touch with you and will keep on updating you with each single detail provided by you. This will help us in bringing pioneering policies in the answer of your changing needs.

ITGI takes utmost care of its customers to safeguard the information provided by its customers to us. ITGI respects the privacy of its customers and the information provided by its customers will always be safe and secure.

THANK YOU

Please answer all the questions using BLOCK LETTERS and also please read the Synopsis alongwith Annexure for understanding the coverage and corresponding limit of liability clearly.

A) ABOUT YOURSELF: (Please fill up only those columns for which the proposal for Standard Motor Policy does not contain information.)

- I. Name:** _____
- II. Address (Where the vehicle is normally kept and used):** _____
- III. _____ Pin Code:** _____
- IV. E-mail** _____
- V. Tel No.:** _____
- VI. Mobile No** _____
- VII. Correspondence Address:** _____
- VIII. _____ Pin Code:** _____
- IX. E-mail** _____
- X. Tel No.:** _____
- XI. Mobile No:** _____
- XII. Occupation or Business:** _____

B) ABOUT THE VEHICLE TO BE INSURED FOR WHICH YOU REQUIRE ASSISTANCE BENEFITS: (Please fill up only those columns for which the proposal for Standard Motor Policy does not contain information.)

I. Registration No. of the Vehicle	
II. Date of the Registration of the Vehicle	
III. Name & Location of the Registering Authority.	
IV. Year of manufacture.	
V. Engine No.	
VI. Chassis No.	
VII. Name of the class of the Vehicle registered with RTO (i.e. Private Car, Two Wheeler, Goods Carrying vehicle, Taxi, bus etc.)	
VIII. Make of Vehicle.	
IX. Type of Body/ Model of Vehicle.	
X. Colour of Vehicle.	
XI. Cubic capacity/GVW of the Vehicle.	
XII. Seating capacity, including driver.	
XIII. Manufacturer Selling Price of same brand model as that of your vehicle as on a) The date, month and the year when the vehicle was purchased: b) Date of proposal for Insurance:	
XIV. Your current Insured Declared Value (IDV) of the Vehicle under Motor Package Policy.	
XV. Insurance cost of the vehicle under Standard Motor Package Policy.	
XVI. Registration cost of the Vehicle including Road tax.	

C) GENERAL DETAILS AND INSURANCE DETAILS OF THE VEHICLE TO BE INSURED

1) Do you have Motor Insurance Policy: Yes No

If yes, Name of the Insurer: _____

2) Your Insurance Policy No.: _____

(Please submit a photocopy of policy copy)

3) Type of coverage of your Motor Insurance Policy:-

a) Liability only c) Theft + Liability

b) Fire + Liability d) Fire + Theft + Liability

e) Comprehensive Insurance f) Bundled cover with one year OD & long term TP

g) Standalone Own Damage

4) Period of Insurance: From _____ To _____

5) Is your vehicle Financed: Yes No

6) Type of the fuel used in the vehicle (e. g. petrol, diesel, CNG, LPG etc) _____

7) Whether the vehicle was New or Second Hand at the time of purchase _____

a) Date of purchase of vehicle if second hand ____/DD____/MM____YY

PAY AS YOU USE (UIN: IRDAN106RP0001V01201920/A0025V01202223)

Would you like to opt Pay As You Use Benefit: Yes No

If yes, Please select the required Kilometer Usage Band

Kilometer Usage Band	Upto 2,500	Upto 5,000	Upto 7,500	Upto 10,000	Upto 12,500	Upto 15,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kilometer reading at the start: _____

D) BENEFITS (Please read the Synopsis and Annexure to understand the limit of liability for each benefit mentioned below)

1) Depreciation Waiver: (UIN: IRDAN106RP0001V01201920/A0003V01201920)

Do you want to take Depreciation Waiver Benefit: Yes No

2) New Vehicle Replacement: (UIN: IRDAN106RP0001V01201920/A0004V01201920)

Do you want to take New Vehicle Replacement Benefit: Yes No

3) Daily Rental/Travel Cost (Applicable for Private Cars & Two Wheelers):

(UIN: IRDAN106RP0001V01201920/A0005V01201920)

Do you want to take Daily Rental/Travel Cost Benefit: Yes No

If yes, then indicate whether you would like to go with

- a) Prefixed limit in accordance with IDV of your insured vehicle.
- b) Daily Rental/Travel Cost limit to be opted by you (upto 1% of IDV)

(Please see the Annexure of Synopsis to know the limit.)

Rs.....

4) Personal Effect and Belongings (UIN: IRDAN106RP0001V01201920/A0006V01201920)

Do you want to take Coverage for Personal Effect & Belongings: Yes No

5) Medical Expenses: (UIN: IRDAN106RP0001V01201920/A0007V01201920)

Do you want to take Coverage for Medical Expenses: Yes No

If yes, please mention the limit for anyone person in the multiples of Rs. 50,000 for all Vehicles except Two/Three Wheelers where it will be in the multiples of Rs. 25,000.

Limit Any Person:- Rs.

- (i) Please note that the total limit for all insured person will be twice the limit for anyone person in respect of Private Cars, same limit as that of anyone person for Two Wheelers and Three Wheelers and three times the limit for anyone person in respect of all other Commercial Vehicles.
- (ii) If you want the coverage on named basis, please mention the name of insured persons and the limit chosen against that person in the same multiples as above:

Name of Insured Person	Limit Any Person
a)
b).....
c)
d)

6) Personal Accident Coverage: (UIN: IRDAN106RP0001V01201920/A0008V01201920)

a) Do you want to take Personal Accident Coverage: Yes No

b) Do you want coverage only for owner driver? I) Yes No

II) CSI for Owner Driver

c) If you want coverage for all passengers as per seating capacity of the vehicle, then please mention the Capital Sum Insured for insured person in the multiples of Rs. 25,000/- for Two/Three Wheelers and Rs. 50,000/- for all other vehicles.

d) The total CSI (Capital Sum Insured) for all insured person will be the limit anyone person multiplied by the total number of seats in the vehicle as per Registration Certificate.

i) Sum Insured for Any person Rs.

ii) Seating capacity

iii) Capital Sum Insured for All persons Rs

7) No Claim Bonus (NCB) Protection: (UIN: IRDAN106RP0001V01201920/A0009V01201920)

a) Do you want to take No Claim Bonus (NCB) Protection: Yes No

If yes, please mention the existing NCB percentage

8) Wreckage/Debris, Removal Cost:

(UIN: IRDAN106RP0001V01201920/A0010V01201920)

Do you want to take Wreckage/Debris Removal Cost: Yes No

9) Towing and/or Removal and Storage of the Insured Vehicle:

(UIN: IRDAN106RP0001V01201920/A0011V01201920)

Do you want to take Towing and/or Removal and Storage of the Insured Vehicle:

Yes No

10) Accommodation and Travelling Expenses: (UIN: IRDAN106RP0001V01201920/A0012V01201920)

Do you want to take Accommodation and Travelling Expenses: Yes No

11) Transport, Redelivery or Repatriation of Repaired Vehicle:

(UIN: IRDAN106RP0001V01201920/A0013V01201920)

Do you want to take Transport, Redelivery or Repatriation of Repaired Vehicle:

Yes No

12) Consumable Cover: (UIN: IRDAN106RP0001V01201920/A0009V01202223)

Do you want to take Consumable Cover: Yes No

13) Loss of Key Cover: (UIN: IRDAN106RP0001V01201920/A0010V01202223)

Do you want to take Loss of Key Cover: Yes No

14) Helmet Cover: (UIN: IRDAN106RP0001V01201920/A0032V01202223)

Do you want to take Helmet Cover: Yes No

Sum Insured required

Rs.

E) DETAILS OF DRIVER

If you are individual owner, do you hold an effective driving license?

Yes

No

Not Applicable

a) Age

Owner Driver

Others

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 the "IFFCO-TOKIO GENERAL INSURANCE CO. LTD."

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Date: _____ Place: _____

Signature of the Proposer

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

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 or 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 prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.