



**Schedule for Bundled cover with one year term for own damage and three years motor third party insurance policy for Private Cars
UIN: IRDAN106RP0010V01201819**

| | |
|---|--|
| 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: IRDAN106RP0010V01201819/A0023V01202223) 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 b) Date, month & year when the vehicle was purchased (Insured Value) | Rs..... 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: IRDAN106RP0010V01201819/A0050V01201819) | |
|--|----------|
| Basic Premium | Rs..... |
| Applicable loading for Age | Rs..... |
| Applicable loading for obsolete models | Rs..... |
| Total PREMIUM | Rs. |

| New Vehicle Replacement (UIN: IRDAN106RP0010V01201819/A0051V01201819) | |
|--|---------|
| 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: IRDAN106RP0010V01201819/A0052V01201819) | |
|---|---------|
| Fixed Basic Premium | Rs..... |
| Total PREMIUM | Rs..... |

| Personal Effect & Belongings (UIN: IRDAN106RP0010V01201819/A0053V01201819) | |
|---|---------|
| Fixed Basic Premium | Rs..... |
| Total PREMIUM | Rs..... |

| Medical Expenses (UIN : IRDAN106RP0010V01201819/A0054V01201819) | | |
|--|--------------------|----------------------------------|
| 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: IRDAN106RP0010V01201819/A0055V01201819) | | |
|---|-------------------------|---------|
| 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: IRDAN106RP0010V01201819/A0056V01201819) | | |
|---|--|---------|
| 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:IRDAN106RP0010V01201819/A0057V01201819) | |
|---|----------------------|
| Limits a) Limit for Anyone event (In excess of Limit of Liability under Section II of Standard Motor Package Policy) <div style="text-align: right;">Applicable Premium Rate</div> | Rs..... |
| Total PREMIUM | Rs. |

| Wreckage/Debris Removal Cost (UIN: IRDAN106RP0010V01201819/A0058V01201819) | |
|---|----------------|
| 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: IRDAN106RP0010V01201819/A0059V01201819) | |
|---|----------------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Accommodation and Travelling Expense (UIN: IRDAN106RP0010V01201819/A0060V01201819) | |
|---|----------------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Transport, Redelivery or Repatriation of Repaired Vehicle (UIN: IRDAN106RP0010V01201819/A0061V01201819) | |
|--|---------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Engine and Gear Box Protection (UIN: IRDAN106RP0010V01201819/A0005V01202223) | |
|---|---------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Consumable Cover (UIN: IRDAN106RP0010V01201819/A0006V01202223) | |
|---|---------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Loss of Key Cover (UIN: IRDAN106RP0010V01201819/A0007V01202223) | |
|--|---------|
| As per the Limits mentioned in the Coverage | |
| Total PREMIUM | Rs..... |

| Tyre Replacement (UIN: IRDAN106RP0010V01201819/A0008V01202223) | |
|---|--|
|---|--|

| | |
|---|---------|
| a) Cost of one tyre | Rs..... |
| b) Cost of all the tyres required for running of vehicle except stepney | Rs..... |
| Applicable Premium on b) | Rs..... |
| PREMIUM | Rs..... |

| Equated Monthly Installment (EMI) Protection (UIN: IRDAN106RP0010V01201819/A0033V01202223) | |
|--|---------|
| As per the Limits mentioned in the Coverage | Rs..... |
| 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 _____ | |
| PREMIUM | Rs..... |

| Rim Protection Cover (UIN: IRDAN106RP0010V01201819/A0040V01202223) | |
|--|---------|
| a) Cost of one Rim | Rs..... |
| b) Cost of all the Rim required for running of vehicle except stepney | Rs..... |
| Applicable Premium on b) | Rs..... |
| PREMIUM | Rs..... |

| Battery Protection Cover (UIN: IRDAN106RP0010V01201819/A0003V01202324) | |
|---|---------|
| As per the Limits mentioned in the Coverage | |
| Co-Payment ____% applicable | |
| Total 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