

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Issuing Office:

PRIVATE CAR & TWO WHEELERS MOTOR PROPOSAL FORM

PLEASE WRITE IN BLOCK LETTERS

Tick the box as per your requirement.

Category		Private Car	Two Wheeler	
Type	Tick box	Name	Tick box	Name
Motor Package	<input type="checkbox"/>	1. Private Car Act & Comprehensive Policies (UIN: IRDAN106RP0005V01200001)	<input type="checkbox"/>	5. Motor Cycle /Scooter B Policy (UIN: IRDAN106RP0013V01200001)
Bundled Cover	<input type="checkbox"/>	2. Bundled Cover with one year term for own damage and three years motor third party insurance policy for Private Cars (UIN: IRDAN106RP0010V01201819)	<input type="checkbox"/>	6. Bundled Cover with one year term for own damage and five years motor third party insurance policy for 2-wheelers (UIN: IRDAN106RP0007V01201819)
Stand -Alone Own Damage #	<input type="checkbox"/>	3. Stand-Alone Motor Own Damage for Private Car (UIN: IRDAN106RP0002V01201920)	<input type="checkbox"/>	7. Stand-Alone Motor Own Damage for Two Wheeler (UIN: IRDAN106RP0001V01201920)
Third Party	<input type="checkbox"/>	4. 3 year Private Car Act Policy (UIN: IRDAN106RP0008V01201819)	<input type="checkbox"/>	8. 5 year Stand Alone Third Party Long term Two wheeler Insurance policy (UIN: IRDAN106RP0005V01201819)

If you have opted for any of the options 1, 2, 3, 5, 6 or 7, kindly tick your choice of coverage

A. With "Pay As You Use" Coverage (Add-on name and UIN is mentioned in annexure)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, further details to be provided in Add-on section.
B. Comprehensive cover with coverage for depreciation? (Add-on name and UIN is mentioned in annexure)	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, further details to be provided in Add-on section.

# Third Party Policy Details (Mandatory in case Stand-Alone OD policy is opted) Please submit Third Party Policy copy.	Policy No.: _____ Policy Period: From _____ To _____ Name of Insurer: _____
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Personal Details

1	Registered Owner's Full Name					
	GSTIN (If customer is registered for GST)					
Contact Details	Mobile No			Telephone No		
	Email ID					
	Address (Where the Vehicle is normally kept)	Flat / Building				
		Street / Road / Sector				
		Area / Village / Taluka				
		Landmark				
City				Pin Code:		

2	Communication Address	State				
		Flat / Building				
		Street / Road / Sector				
		Area / Village / Taluka				
		Landmark				
		City			Pin Code	
	Permanent Address (if different from the Communication address)	State				
		Flat / Building				
		Street / Road / Sector				
		Area / Village / Taluka				
		Landmark				
		City			Pin Code	
3	Nominee Details					
	Description	Nominee 1		Nominee 2		
	Name of the Nominee					
	Relationship with Policyholder					
	Communication Address					
	Permanent Address (if different from the Communication address)					
	E-mail ID					
	Contact No.					
	Percentage (%)					
	Bank Account Details Account Number IFSC					
Guardian Details (if Nominee is Minor) Name of Guardian :- Address:- Contact No:						
4	Occupation / Business					
5	KYC Details (Please attach self-attested photo copies)	KYC Document of Person proposed to be Insured	<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID card		
			<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License		
			<input type="checkbox"/> NREGA Job card	<input type="checkbox"/> National Population Register Card		
			<input type="checkbox"/> PAN Card (mandatory where premium exceeds ₹ 10,000/-)			
		KYC Document Number/ CKYC Number				
To know Your CKYC No. Please give missed call on 7799022129						
6	*Are You a Politically Exposed Person or related to PEP?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
**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”						
7	Period of Insurance (kindly mention period of Insurance for TP cover)	Form	Hrs.	Day	Month	Year
		To (for OD Cover)				
		TP (for TP Cover)				
Electronic Insurance Account Details Section:						
I want my policy related documents viz. Policy Schedule, Wordings etc. in:						

Physical Format- Yes <input type="checkbox"/> No <input type="checkbox"/>	
e-Format (electronic) as & when applicable- Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> I have e Insurance Account & the No. is _____	
<input type="checkbox"/> I am not having an e-insurance account & I authorize IFFCO-Tokio to open an e-insurance account.	

Vehicle Specifications

8	Proposal For	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover <input type="checkbox"/> Endorsement <input type="checkbox"/>	
9	Registration No. of the Vehicle		
10	Date of Registration of the Vehicle		
11	Registering Authority & Location		
12	Year of Manufacture		
13	Engine No		
14	Chassis No		
15	Make of the Vehicle		
16	Model		
17	Type of Body		
18	Cubic Capacity of the Vehicle		
19	Seating Capacity Including Driver		
20	a) Fuel Type	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/>	
	b) Whether Vehicle is driven by non-conventional source of power / Electric/ Hybrid/ CNG/LPG/Bi-Fuel?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give details: _____ _____	
21	Whether the use of vehicle is limited to own premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22	Whether the Vehicle is used for Commercial purpose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23	Whether the vehicle is used for driving tuitions? (GR-44)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24	Details of Hire Purchase / Hypothecation / Lease	(IMT-5) / (IMT-7) / MT-6)	
	a) Is the vehicle proposed for Insurance is :		
	i) Under Hire Purchase?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) Under Lease Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	iii) Under Hypothecation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If "Yes " , give Name and Address of concerned party/ Parties:		
	c) PUC Details: _____; Fitness Certificate Details: _____; Transport permit details _____		
	Note: - Copies of R.C , Pollution under Control (PUC) ,Fitness Certificate (If applicable) & Transport permit (If applicable) should be submitted along with the Proposal form..		

Third Party Risk : Death / Bodily Injury

25	Coverage for Liability against Third Party Risk (Death or Bodily Injury) required in respect of:		
	1)Any Person other than Paid Driver If 'Yes ' give details of such other persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	1)		
	2)		
	3)		
	Note: 1) Section 146 of Motor Vehicle Act-1988 makes it mandatory for the owner of the vehicle to ensure that he / she or any other person authorized by him / her to drive a vehicle in public has insurance against third party risk. (The explanation to Section 146 exempts the paid driver). 2) Under Act Only/Liability Only policy, occupants are not covered in view of IRDA circular no.IRDA/NL/CIR/F&U/073/11/2009 16.11.2009.		

Third Party Risk: Liability to 'Workmen ' under E.C. Act.1923 (IMT-28)

26	Wider Legal Liability to persons employed in connection with operation of the vehicle, who are 'workmen 'i.e. The liability of the
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Employer under the Employees Compensation Act-1923.			
1) Paid Driver	No of Persons: _____	S.No.	Name
		1.	_____
		2.	_____
		3.	_____
2) Cleaner	No of Persons: _____	S.No.	Name
		1.	_____
		2.	_____
		3.	_____
3) Conductor	No of Persons: _____	S.No.	Name
		1.	_____
		2.	_____
		3.	_____

Personal Accident Cover for Registered Owner cum Driver

27	Personal Accident Cover for Registered Owner cum Driver is compulsory in the Liability Only Cover. Please give details of nomination:-		
	a) Name of the Nominee		
	b) Relationship		
	c) Name of the Appointee (If Nomine is a Minor)		
	d) Relationship to the Nominee		
	Please select period of cover	1 Year <input type="checkbox"/>	3 Year <input type="checkbox"/> (applicable for Bundled Cover for Private Car
			5 Year <input type="checkbox"/> (applicable for Bundled Cover for Two Wheelers
	Note:- 1) Personal Accident cover for Registered Owner cum Driver (registered owner as per RC) is compulsory for Sum Insured of ₹ 15 Lakhs. 2) Compulsory PA Cover to Owner cum Driver cannot be granted where a vehicle is owned by a partnership firm or a similar body corporate or where the owner cum driver does not hold an effective driving license. 3) Kindly provide below details in case you have an existing Personal Accident policy covering Death & Permanent disability (Total & Partial): Policy No.: _____ Sum Insured: _____ Policy Period: From _____ To _____		

Personal Accident for Named Occupants (IMT-15)

28	Do you wish to include Personal Accident cover for Named Persons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, give Name and Capital Sum Insured (CSI) opted for:-		
	S.No	Name	CSI (Opted) ₹
	1		
	2		
	3		
	4		
	5		
	Note:- The Maximum CSI available per person is ₹ 2 Lakhs in case in case of Private Car and ₹ 1 Lakh in the Case of Motorized Two Wheelers)		

PA Cover for Un-Named Occupants (IMT-16)

29	Do you wish to include Personal Accident cover for Un-named Passengers / hirer /pillion passengers (Two – Wheelers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, give number of persons and Capital Sum Insured (CSI) opted		
	No. of Persons : _____	C.S.I. (per person): _____	
	Note:- The Maximum CSI available per person is ₹ 2 Lakhs in case of Private cars and ₹1 Lakh in case of Motorized Two Wheelers.		

Geographical Extension (IMT-1)								
30	Whether extension of geographical area to the following countries required :							
	1	Bangladesh	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4	Maldives	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	2	Bhutan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5	Pakistan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3	Nepal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6	Sri-Lanka	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Note: - Presently the territory covered is geographical area of India. Extension of geographical are cover can availed by use of this endorsement							
31	Previous History							
	a) Date of Purchase of the vehicle by the Proposer				_____			
	b) Whether the vehicle was new or second hand at the time of purchase?				New <input type="checkbox"/>		Second Hand <input type="checkbox"/>	
	c) Will the vehicle be used exclusively for :							
	i) Private, Social, Domestic, Pleasure & Professional Purpose?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	ii) Carriage of goods other than samples or personal luggage?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	d) Is the vehicle in good condition? If No, please give details.				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	e) Name and Address of the previous insurance company				_____			
	f) Previous Policy Number				_____			
	g) Period of Insurance		From		To		_____	
	h) Claims lodge during the preceding 3 years.							
	Year		No of Claims			Claim Amount (₹)		
	_____		_____			_____		
	_____		_____			_____		
	_____		_____			_____		
i) Type of Cover		Liability only Cover <input type="checkbox"/>		Package Cover <input type="checkbox"/>		Others (Specify)		
_____		_____		_____		_____		
32	Details of Driver							
	a) Age and Date of Birth of the Owner				Age <input type="checkbox"/> <input type="checkbox"/> D.O.B. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	b) Age and Date of Birth of other than Owner				Age <input type="checkbox"/> <input type="checkbox"/> D.O.B. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	c) Does the driver suffer from defective vision or hearing or any physical infirmity? If 'Yes', give details as under including the pending prosecutions:				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	d) Has the driver ever been involved / convicted for causing and accident of loss:				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
	Driver's Name		_____					
	Date of Accident		_____					
	Loss/ Cost ₹		_____					
	Circumstances of Accident		_____					
	33	Has any Insurance Company ever:-						
a) Declined the Proposal				Yes <input type="checkbox"/>		No <input type="checkbox"/>		
b) Cancelled & Refused to renew				Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'Yes', reasons there for								
c) Imposed special condition or excess				Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If 'Yes', reasons there for								
Own Damage Section								
34	Whether vehicle belongs to Foreign Embassy / Consulate?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		
35	Whether the Car is certified as Vintage Car by Vintage and Classic Car Club of India?			Yes <input type="checkbox"/>		No <input type="checkbox"/>		
36	Whether Vehicle is designed for use of Blind/ Handicapped /			Yes <input type="checkbox"/>		No <input type="checkbox"/>		

	Mentally challenged persons and duly endorsed as such by RTA?		
37	Whether the vehicle is fitted with fiberglass tank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38	Do you wish to opt for higher deductible over and above the compulsory deductible (₹ 50 for Two Wheelers and ₹ 500 / 1000 for Private Cars) If Yes, please specify the amount For Two Wheelers 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 1500 <input type="checkbox"/> 3000 <input type="checkbox"/> For Private Cars 2500 <input type="checkbox"/> 5000 <input type="checkbox"/> 7500 <input type="checkbox"/> 15000 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39	Are you a member of Automobiles Association of India? If Yes, please state a) Name of Association _____ b) Membership No _____ c) Date of Expiry _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40	Are you entitled to No Claim Bonus? If Yes, please submit the proof thereof.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41	Is the vehicle fitted with the any Anti-theft device approved by the AARI? If Yes, attach Certificate of Installation in the vehicle issued by Automobiles Association of India.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

42	Insured's Declared Value (Please fill up the following table)					
	Insured's Declared Value of Vehicle	Non- electrical accessories fitted to the vehicle	Electrical & electronic accessories fitted to the vehicle	Side Car (Two Wheeler) Trailers (Pvt Cars)	Value of CNG/LPG Kit	Total Value
	₹	₹	₹	₹	₹	₹

Note:-

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this product it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturer's listed selling price of the brand and model as the vehicle proposed for the commencement of insurance / renewal , and adjusted for depreciation (as per schedule specified below).

The IDV of the side car(s) and/ or accessories , if any , fitted to the vehicle but not included in the manufacturer's listed selling price of the vehicle is / are also likewise to be fixed.

The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss / Constructive Total Loss (TL/CTL) only. A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of IDV.

SCHEDULE FOR DEPRECIATION FOR ARRIVING AT IDV

AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

Note:- IDV of Vehicle beyond 5 years of age and obsolete models of the vehicles (i.e. models which the manufacturers have discontinued to manufacture) will be determined on the basis of an understanding between the proposer & the Insurer.

43	Any other Relevant Information
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Availability of the following Add-on coverages is subject to the prevailing Underwriting guidelines of IFFCO-Tokio

Add-on Coverages

44	Please tick the required Add-on & fill the relevant field (wherever applicable) only (Add-on name wise UINs are mentioned in annexure)
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(1)	Pay As You Use (Applicable, if you have opted for choice A on Page 1 of this Proposal form).	Please select kilometers usage band <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <tr> <td style="width:10%;">kilometres Usage Band</td> <td style="width:10%;">Upto 2,500</td> <td style="width:10%;">Upto 5,000</td> <td style="width:10%;">Upto 7,500</td> <td style="width:10%;">Upto 10,000</td> <td style="width:10%;">Upto 12,500</td> <td style="width:10%;">Upto 15,000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> Kilometer reading at the start: _____	kilometres Usage Band	Upto 2,500	Upto 5,000	Upto 7,500	Upto 10,000	Upto 12,500	Upto 15,000															
kilometres Usage Band	Upto 2,500	Upto 5,000	Upto 7,500	Upto 10,000	Upto 12,500	Upto 15,000																		
(2)	Nil Depreciation cover/ Depreciation Waiver (Applicable, if you have opted for choice B on Page 1 of this Proposal form).	Please select the coverage: 1 claim* <input type="checkbox"/> 2 claims* <input type="checkbox"/> No limit** <input type="checkbox"/> *Nil Depreciation Cover ** Depreciation Waiver																						
(3)	New Vehicle Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No																						
(4)	Daily Rental / Travel Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please Indicate whether you would like to go with) a) Prefixed limit in accordance with IDV of your insured vehicle <input type="checkbox"/> For Private Cars:- <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th>IDV (Insured Declared Value)</th> <th>Daily Rental Cost*</th> </tr> </thead> <tbody> <tr> <td>Upto Rs. 4 Lacs</td> <td>600 ₹</td> </tr> <tr> <td>Above Rs. 4 lacs and upto 8 lacs</td> <td>900 ₹</td> </tr> <tr> <td>Above Rs. 8 lacs and upto Rs. 12 lacs</td> <td>1200 ₹</td> </tr> <tr> <td>Above Rs. 12 lacs and upto Rs. 20 lacs</td> <td>1500 ₹</td> </tr> <tr> <td>Above Rs. 20 Lacs</td> <td>2000 ₹</td> </tr> </tbody> </table> <p style="text-align:center;">* The limit for Daily Rental/Travel Cost is for each 24 hours.</p> For Two Wheelers:- <table border="1" style="width:100%; border-collapse: collapse; text-align:center;"> <thead> <tr> <th>IDV (Insured Declared Value)</th> <th>Daily Rental Cost*</th> </tr> </thead> <tbody> <tr> <td>Upto Rs. 30,000/-</td> <td>75 ₹</td> </tr> <tr> <td>Above Rs. 30,000/- and upto Rs. 50,000/-</td> <td>125 ₹</td> </tr> <tr> <td>Above Rs. 50,000/- and upto Rs. 1 Lac</td> <td>200 ₹</td> </tr> <tr> <td>Above Rs. 1 Lac</td> <td>300 ₹</td> </tr> </tbody> </table> <p style="text-align:center;">* The limit for Daily Rental/Travel Cost is for each 24 hours.</p> b) Daily Rental/Travel Cost limit to be opted by you <input type="checkbox"/> (upto 1% of IDV) ₹ _____	IDV (Insured Declared Value)	Daily Rental Cost*	Upto Rs. 4 Lacs	600 ₹	Above Rs. 4 lacs and upto 8 lacs	900 ₹	Above Rs. 8 lacs and upto Rs. 12 lacs	1200 ₹	Above Rs. 12 lacs and upto Rs. 20 lacs	1500 ₹	Above Rs. 20 Lacs	2000 ₹	IDV (Insured Declared Value)	Daily Rental Cost*	Upto Rs. 30,000/-	75 ₹	Above Rs. 30,000/- and upto Rs. 50,000/-	125 ₹	Above Rs. 50,000/- and upto Rs. 1 Lac	200 ₹	Above Rs. 1 Lac	300 ₹
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Above Rs. 1 Lac	300 ₹																							
(5)	Personal Effect & Belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Sum Insured ₹ _____																						
(6)	Medical Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes ,please mention the limit for anyone person in the multiples of ₹ 50,000 for all Vehicles except Two/Three Wheelers where it will be in the multiples of ₹ 25,000. Limit Any Person:- ₹ _____ 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 . 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: <table style="width:100%; border:none;"> <tr> <td style="width:60%; text-align:center;">Name of Insured Person</td> <td style="width:40%; text-align:center;">Limit Any Person</td> </tr> <tr> <td>a) _____</td> <td>_____</td> </tr> <tr> <td>b) _____</td> <td>_____</td> </tr> <tr> <td>c) _____</td> <td>_____</td> </tr> </table>	Name of Insured Person	Limit Any Person	a) _____	_____	b) _____	_____	c) _____	_____														
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a) _____	_____																							
b) _____	_____																							
c) _____	_____																							

		d) _____															
(7)	Personal Accident Coverage	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If Yes, please Indicate whether you would like to go with)</p> <p>a) Do you want Coverage only for owner cum driver? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes CSI for Owner cum Driver _____</p> <p>b) 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 ₹ 25,000/- for Two Wheelers and ₹ 50,000/- for Private Cars.</p> <p>c)The total CSI (Capital Sum Insured) for all insured person will the limit anyone person multiplied by the total number of seats in the vehicle as per Registration Certificate.</p> <p>i)Sum Insured for Any person ₹ _____</p> <p>ii) Seating capacity _____</p> <p>iii) Capital Sum Insured for All persons ₹ _____</p>															
(8)	No Claim Bonus (NCB)Protection	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please mention the existing NCB ___%</p>															
(9)	Wreckage / Debris Removal Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(10)	Towing and/ or Removal and Storage of the Insured vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(11)	Accommodation and Travelling Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(12)	Transport, Redelivery or Repatriation of Repaired Vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(13)	On-Road Protector	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>For Medical extension, please select the limit for any one person:-</p> <table border="1"> <thead> <tr> <th>Option Available</th> <th>Limit Any one person</th> <th>Please Select Option you want</th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td>₹ 50000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Option 2</td> <td>₹ 1,00,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Option 3</td> <td>₹ 1,50,000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Option 4</td> <td>₹ 2,50,000</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Option Available	Limit Any one person	Please Select Option you want	Option 1	₹ 50000	<input type="checkbox"/>	Option 2	₹ 1,00,000	<input type="checkbox"/>	Option 3	₹ 1,50,000	<input type="checkbox"/>	Option 4	₹ 2,50,000	<input type="checkbox"/>
Option Available	Limit Any one person	Please Select Option you want															
Option 1	₹ 50000	<input type="checkbox"/>															
Option 2	₹ 1,00,000	<input type="checkbox"/>															
Option 3	₹ 1,50,000	<input type="checkbox"/>															
Option 4	₹ 2,50,000	<input type="checkbox"/>															
(14)	Engine and Gear Box Protection cover (Available for Private Car only)	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(15)	Consumable cover	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(16)	Loss of Key cover	Yes <input type="checkbox"/> No <input type="checkbox"/>															
(17)	Tyre Replacement cover (Available for Private Car only)	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Does the vehicle have the original tyre as supplied by the Manufacture (s) As OE fitment Yes <input type="checkbox"/> No <input type="checkbox"/></p>															
(18)	RIM Protection Cover (Available for Private Car only)	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Does the vehicle have the original RIM as supplied by the Manufacture (s) As OE fitment. Yes <input type="checkbox"/> No <input type="checkbox"/></p>															
(19)	Helmet Cover (Available for Two Wheelers only)	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes , Helmet Sum Insured _____</p>															
(20)	Battery Protection Cover (Available for Private Cars only)	Yes <input type="checkbox"/> No <input type="checkbox"/>															

(21)	Equated Monthly Instalment (EMI) Protection	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please select the option you want .																																																																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width:15%;">Options</th> <th style="width:15%;">Time Excess</th> <th style="width:15%;">Max No of EMIs payable</th> <th style="width:45%;">EMI payment schedule based on the number of days the vehicle is under repair at the authorized garage/workshop</th> <th style="width:10%;">Please Select Option you want</th> </tr> </thead> <tbody> <tr> <td>I.</td> <td>7 days</td> <td>1</td> <td>1 EMI at \geq 8 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>II.</td> <td>7 days</td> <td>2</td> <td>1st EMI at 8-30 days 2nd EMI at \geq 31 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>III.</td> <td>7 days</td> <td>3</td> <td>1st EMI at 8-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>IV.</td> <td>10 days</td> <td>1</td> <td>1 EMI at \geq 11 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>V.</td> <td>10 days</td> <td>2</td> <td>1st EMI at 11-30 days 2nd EMI at \geq 31 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>VI.</td> <td>10 days</td> <td>3</td> <td>1st EMI at 11-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>VII.</td> <td>15 days</td> <td>1</td> <td>1 EMI at \geq 16 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>VIII.</td> <td>15 days</td> <td>2</td> <td>1st EMI at 16-30 days 2nd EMI at \geq 31 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>IX.</td> <td>15 days</td> <td>3</td> <td>1st EMI at 16-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>X.</td> <td>30 days</td> <td>1</td> <td>1 EMI at \geq 31 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>XI.</td> <td>30 days</td> <td>2</td> <td>1st EMI at 31-60 days 2nd EMI at \geq 61 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>XII.</td> <td>30 days</td> <td>3</td> <td>1st EMI at 31-60 days 2nd EMI at 61-90 days 3rd EMI at \geq 91 days</td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Options	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	Please Select Option you want	I.	7 days	1	1 EMI at \geq 8 days	<input type="checkbox"/>	II.	7 days	2	1st EMI at 8-30 days 2nd EMI at \geq 31 days	<input type="checkbox"/>	III.	7 days	3	1st EMI at 8-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days	<input type="checkbox"/>	IV.	10 days	1	1 EMI at \geq 11 days	<input type="checkbox"/>	V.	10 days	2	1st EMI at 11-30 days 2nd EMI at \geq 31 days	<input type="checkbox"/>	VI.	10 days	3	1st EMI at 11-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days	<input type="checkbox"/>	VII.	15 days	1	1 EMI at \geq 16 days	<input type="checkbox"/>	VIII.	15 days	2	1st EMI at 16-30 days 2nd EMI at \geq 31 days	<input type="checkbox"/>	IX.	15 days	3	1st EMI at 16-30 days 2nd EMI at 31-60 days 3rd EMI at \geq 61 days	<input type="checkbox"/>	X.	30 days	1	1 EMI at \geq 31 days	<input type="checkbox"/>	XI.	30 days	2	1st EMI at 31-60 days 2nd EMI at \geq 61 days	<input type="checkbox"/>	XII.	30 days	3	1st EMI at 31-60 days 2nd EMI at 61-90 days 3rd EMI at \geq 91 days	<input type="checkbox"/>	
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(22)	Loss of Personal Belongings	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please mention the limit required ₹ _____																																																																	
(23)	Waiver of Compulsory Deductible	Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																	
(24)	Preferred Garage Benefit for Private Car	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please select the Additional deductible amount applicable in case you get your vehicle repaired in a workshop not listed under ITGI Preferred Garage list: ₹ 1000 <input type="checkbox"/> ₹ 2000 <input type="checkbox"/> ₹ 5000 <input type="checkbox"/> ₹ 7500 <input type="checkbox"/> ₹ 15000 <input type="checkbox"/>																																																																	

Mode of Payment	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> NEFT
	Instruments No	Instruments No	UTR No.
Bank Name			Date

Bank A/C number (#)	IFSC Code:
Amount (in ₹)	

Bank Account Details For Process Of Refund/ Settlement of claim

All settlements for Refund/Claims shall be made in the bank account whose details are provided below

Please provide your bank details and a copy of Cancelled Cheque for direct credit of refund/ claim into your bank account :(Cancelled Cheque should be of the same bank account in which the refund/ claim proceeds needs to be credited directly.)

Name as in Bank Account	
Bank Name	
Branch Name	
Bank Account No	
IFSC Code	

DECLARATION

- a) I have read the prospectus/sales literature and am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by IFFCO-Tokio therein. The policy Coverage, Rates, terms & Conditions have been explained to me in my language and have been understood by me.
- b) I hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information, which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and IFFCO TOKIO GENERAL INSURANCE CO LTD and I agree to accept a policy, subject to the conditions prescribed by IFFCO TOKIO GENERAL INSURANCE CO LTD.
- c) I agree that 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 of material particulars in the Proposal Form/ personal statement, declaration and connected documents, or any material fact*/ information has been withheld by beneficiary.

*A material fact will mean and include all important, essential and relevant information, pertaining to the questions made in this proposal form, that are likely to influence company's acceptance or assessment of the proposal.

- d) I hereby authorize IFFCO-Tokio to share information on my proposal for the sole purpose of evaluating and underwriting this proposal and issuing insurance policy and/or claims settlement with the Surveyors/ Investigators, Reinsurers/Co-Insurers, Regulatory and or Governmental Authorities/Court under the applicable laws, or as may be required for effective discharge of obligations as an Insurer and I understand that this proposal form is a valid consent from my side for sharing my personal data with above named third parties in connections or furtherance of this policy/claim.
- e) I am submitting my Aadhar Card/Aadhar Number (including Virtual ID, e-Aadhaar) voluntarily for KYC and I understand that use of Aadhaar is not mandatory and alternative documents like Voter ID Card/ Passport/ Driving License/ NREGA Job card/ National Population Register Card/ CKYC Number may also be submitted for KYC. I hereby further authorize IFFCO-TOKIO to download/update/upload my particulars from/to CKYC Registry, based on CKYC no./ Other KYC documents provided by me.
- f) 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 offence listed in Prevention of Money Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish source of funds. The insurance Company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering in India.

g) Vernacular Declaration

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Agent/ Intermediary/Employee of the Company).

I certify that the product applied by me and the contents of the Proposal Form have been clearly explained to me and I have fully understood them. I further certify that the replies in the Proposal Form have been recorded as per the information provided by me.

h) I agree that above-mentioned bank account details (#) may be used for the purpose of refund/ settlement of Claims (applicable for those cases where "Agreed Bank Clause" is not opted under this policy).

I agree IFFCO-Tokio to call, and send SMS, messages over internet-based messaging applications like WhatsApp and e-mail for services related to the product and to also offer additional insurance products and this consent is over and above any registration of the contact number on TRAI's National Do Not Call Registry.

I have not having vehicle registration no at present and I agree to provide the same within _____ months of issuance (Applicable for New Vehicle only).

Date :-----

Signature:_____

Place: -----

Name of the Proposer :_____

Witness Declaration:

I _____(Full name of the witness)_____ (Relation with the Proposer) adult and inhabitant of (city)_____ and residing at _____ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the insurance policy from IFFCO-Tokio General Insurance Co. Ltd. to the Proposer and he/she has understood the same. I declare that whatever I have stated herein above is true and correct to the best of knowledge and belief.

Witness Signature: _____

Place: -----

Name of Witness:_____

PROHIBITION OF REBATES SECTION 41 OF THE INSURANCE ACT 1938 PROVIDES AS FOLLOWS:

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 a policy accept any rebate ,except such rebate as may be allowed in accordance with the published prospectus 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.

Annexure –A (For Bundled policy)

S.No.	Private Car		Two Wheelers	
	Product Name	UIN	Product Name	UIN
1	Depreciation Waiver for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0050V01201819	Depreciation Waiver for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0024V01201819
2	Nil Depreciation Cover for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0002V01202425	Nil Depreciation Cover for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0005V01202425
3	New Vehicle Replacement for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0051V01201819	New Vehicle Replacement for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0025V01201819
4	Daily Rental/Travel Cost for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0052V01201819	Daily Rental/Travel Cost for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0026V01201819
5	Personal Effect And Belongings for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0053V01201819	Personal Effect And Belongings for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0027V01201819
6	Medical Expenses for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0054V01201819	Medical Expenses for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0028V01201819
7	Personal Accident Coverage for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0055V01201819	Personal Accident Coverage for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0029V01201819
8	No Claim Bonus (Ncb) Protection for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0056V01201819	No Claim Bonus (Ncb) Protection for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0030V01201819
9	Wreckage/Debris Removal And Transhipment Cost for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0058V01201819	Wreckage/Debris Removal And Transhipment Cost for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0032V01201819
10	Towing And/Or Removal/Storage Of The Insured Vehicle for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0059V01201819	Towing And/Or Removal/Storage Of The Insured Vehicle for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0033V01201819
11	Accommodation And Travelling Expenses for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0060V01201819	Accommodation And Travelling Expenses for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0034V01201819
12	Transport, Redelivery Or Repatriation Of Repaired Vehicle for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0061V01201819	Transport, Redelivery Or Repatriation Of Repaired Vehicle for Bundled Cover for two wheelers	IRDAN106RP0007V01201 819/A0035V01201819
13	"On-Road" Protector Coverage for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0062V01201819		
14	Bundled cover with one year term for own damage and three years motor third party insurance policy for private cars/Add-on: Engine and Gear Box Protection Cover	IRDAN106RP0010V0120 1819/A0005V01202223		
15	Bundled cover with one year term for own damage and three years motor third party insurance policy for private cars/Add-on: Consumable Cover	IRDAN106RP0010V0120 1819/A0006V01202223	Bundled cover with one year term for own damage and five years motor third party insurance policy for two wheelers/Add-on: Consumable Cover	IRDAN106RP0007V01201 819/A0011V01202223
16	Bundled cover with one year term for own damage and three years motor third party insurance policy for private cars/Add-on: Loss of Key Cover	IRDAN106RP0010V0120 1819/A0007V01202223	Bundled cover with one year term for own damage and five years motor third party insurance policy for two wheelers/Add-on: Loss of Key	IRDAN106RP0007V01201 819/A0012V01202223
17	Bundled cover with one year term for own damage and three years motor third party insurance policy for private cars/Add-on: Tyre Replacement	IRDAN106RP0010V0120 1819/A0008V01202223		
18			Helmet Cover for Bundled cover for Two wheelers	IRDAN106RP0007V01201 819/A0030V01202223
19	Rim Protection Cover for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0040V01202223		
20	Battery Protection Cover (Electric /Hybrid) for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0003V01202324		
21	Pay as You Use for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0023V01202223	Pay as You Use for Bundled cover for Two wheelers	IRDAN106RP0007V01201 819/A0024V01202223
22	Equated Monthly Installment (EMI) Protection for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0033V01202223	Equated Monthly Installment (EMI) Protection for Bundled cover for Two wheelers	IRDAN106RP0007V01201 819/A0034V01202223

23	Loss of Personal Belongings for Bundled Cover for private cars	IRDAN106RP0010V0120 1819/A0009V01202425	
24	Waiver of Compulsory Deductible for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0013V01202425	
25	Preferred Garage Benefit for Bundled cover for Private Car	IRDAN106RP0010V0120 1819/A0016V01202425	

Annexure –B (For Stand-Alone Own Damage policy)

S.No.	Private Car		Two Wheelers	
	Product Name	UIN	Product Name	UIN
1	Depreciation Waiver for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0014V01201920	Depreciation Waiver for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0003V01201920
2	Nil Depreciation Cover for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0004V01202425	Nil Depreciation Cover for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0007V01202425
3	New Vehicle Replacement for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0015V01201920	New Vehicle Replacement for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0004V01201920
4	Daily Rental/Travel Cost for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0016V01201920	Daily Rental/Travel Cost for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0005V01201920
5	Personal Effect And Belongings for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0017V01201920	Personal Effect And Belongings for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0006V01201920
6	Medical Expenses for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0018V01201920	Medical Expenses for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0007V01201920
7	Personal Accident Coverage for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0019V01201920	Personal Accident Coverage for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0008V01201920
8	No Claim Bonus (NCB) Protection for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0020V01201920	No Claim Bonus (NCB) Protection for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0009V01201920
9	Wreckage/Debris Removal Cost for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0021V01201920	Wreckage/Debris Removal Cost for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0010V01201920
10	Towing And/Or Removal/Storage Of The Insured Vehicle for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0022V01201920	Towing And/Or Removal/Storage Of The Insured Vehicle for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0011V01201920
11	Accommodation And Travelling Expenses for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0023V01201920	Accommodation And Travelling Expenses for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0012V01201920
12	Transport, Redelivery Or Repatriation Of Repaired Vehicle for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0024V01201920	Transport, Redelivery Or Repatriation Of Repaired Vehicle for Stand-Alone Motor OD Two Wheeler	IRDAN106RP0001V01201 920/A0013V01201920
13	"On-Road" Protector Coverage for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201 920/A0025V01201920		
14	Stand Alone Motor Own Damage for Private Car/Add-on: Engine and Gear Box Protection Cover	IRDAN106RP0002V01201 920/A0001V01202223		
15	Stand Alone Motor Own Damage for Private Car/Add-on: Consumable Cover	IRDAN106RP0002V01201 920/A0002V01202223	Stand Alone Motor Own Damage for Two Wheeler/Add-on: Consumable Cover	IRDAN106RP0001V01201 920/A0009V01202223
16	Stand Alone Motor Own Damage for Private Car/Add-on: Loss of Key Cover	IRDAN106RP0002V01201 920/A0003V01202223	Stand Alone Motor Own Damage for Two Wheeler/Add-on: Loss of Key	IRDAN106RP0001V01201 920/A0010V01202223
17	Stand Alone Motor Own Damage for Private Car/Add-on: Tyre Replacement	IRDAN106RP0002V01201 920/A0004V01202223		
18			Helmet Cover for Stand –Alone Motor OD Two wheeler	IRDAN106RP0001V01201 920/A0032V01202223
19	Rim Protection Cover for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201 920/A0042V01202223		
20	Battery Protection Cover (Electric /Hybrid) for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201 920/A0002V01202324		



21	Pay as You Use for Stand-Alone Motor OD Private Car	IRDAN106RP0002V01201920/A0026V01202223	Pay as You Use for Stand –Alone Motor OD Two wheeler	IRDAN106RP0001V01201920/A0025V01202223
22	Equated Monthly Installment (EMI) Protection for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201920/A0036V01202223	Equated Monthly Installment (EMI) Protection for Stand –Alone Motor OD for Two wheeler	IRDAN106RP0001V01201920/A0038V01202223
23	Loss of Personal Belongings for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201920/A0011V01202425		
24	Waiver of Compulsory Deductible for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201920/A0015V01202425		
25	Preferred Garage Benefit for Stand-Alone Motor OD for Private Car	IRDAN106RP0002V01201920/A0018V01202425		

Annexure –C (For Package policy)

S.No.	Private Car		Two Wheelers	
	Product Name	UIN	Product Name	UIN
1	Nil Depreciation Cover for Private Car Act & Comprehensive Policies	IRDAN106RP0005V01200001/A0003V01202425	Nil Depreciation for Motor Cycle / Scooter B Policy	IRDAN106RP0013V01200001/A0006V01202425
2	On road Protector Coverage	IRDAN106A0013V01200809		
3	Private Car Act & Comprehensive Policies/Add-on: Engine and Gear Box Protection Cover	IRDAN106RP0005V01200001/A0019V01202223		
4	Private Car Act & Comprehensive Policies/Add-on: Consumable Cover	IRDAN106RP0005V01200001/A0020V01202223	Motor Cycle /Scooter B Policy/Add-on: Consumable Cover	IRDAN106RP0013V01200001/A0013V01202223
5	Private Car Act & Comprehensive Policies/Add-on: Loss of Key Cover	IRDAN106RP0005V01200001/A0021V01202223	Motor Cycle /Scooter B Policy/Add-on: Loss Of Key Cover	IRDAN106RP0013V01200001/A0014V01202223
6	Private Car Act & Comprehensive Policies/Add-on: Tyre Replacement	IRDAN106RP0005V01200001/A0022V01202223		
7			Helmet Cover for Motor Cycle / Scooter B Policy	IRDAN106RP0013V01200001/A0031V01202223
8	Rim Protection Cover for Private Car Act & Comprehensive Policies	IRDAN106RP0005V01200001/A0041V01202223		
9	Battery Protection Cover (Electric /Hybrid) for Private Car Act & Comprehensive Policies	IRDAN106RP0005V01200001/A0004V01202324		
10	Pay as You Use for Private Car Act & Comprehensive policies	IRDAN106RP0005V01200001/A0027V01202223	Pay as You Use for Motor Cycle / Scooter B Policy	IRDAN106RP0013V01200001/A0028V01202223
11	Equated Monthly Installment (EMI) Protection for Private Car Act & Comprehensive Policies	IRDAN106RP0005V01200001/A0035V01202223	Equated Monthly Installment (EMI) Protection for Motor Cycle / Scooter B Policy	IRDAN106RP0013V01200001/A0037V01202223
12	Value Auto Coverage		IRDAN106A0015V01200910	
13	Loss of Personal Belongings for Private Car Act & Comprehensive policies	IRDAN106RP0005V01200001/A0010V01202425		
14	Waiver of Compulsory Deductible for Private Car Act & Comprehensive policies	IRDAN106RP0005V01200001/A0014V01202425		
15	Preferred Garage Benefit for Private Car Act & Comprehensive policies	IRDAN106RP0005V01200001/A0017V01202425		