

ANNEXURE B - CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

SI No	Title	Description	Policy/ Clause Number
	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Policy Schedule
1.	Product Name	Third Party long-term 2 & 3 year Two Wheeler Insurance Policy	Policy Schedule
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN103RP0009V01201415	Policy Schedule
3.	Structure	Liability to Third Party Personal Accident Cover Indemnity Fixed Benefit	Policy Wording
4.	Interests Insured	Vehicle Registration Number Engine number Chassis number Make Model Year of manufacturing Date of Registration XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	Policy Schedule
5.	Sum Insured / Motor Insured Declared Value Scope	Not Applicable	
6.	Policy Coverage	Section I: Liability to third parties The Company will indemnify the insured in the event of an accident caused by or arising out of the use of the insured vehicle against all sums which the insured shall become legally liable to pay in respect of: - Death of or bodily injury to any person including occupants carried in the insured vehicle (provided such occupants are not carried for hire or reward) but except so far as it is necessary to meet the requirements of Motor Vehicles Act, the Company shall not be liable where such death or injury arises out of and in the course of the employment of such person by the insured, - Damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured. Section II: Personal Accident Cover for Owner Driver Subject otherwise to the terms exceptions conditions and limitations of this Policy, the Company undertakes to pay compensation as per the following scale for bodily injury/death sustained by the owner-driver of the vehicle in direct connection with the vehicle Insured whilst mounting into/dismounting from or travelling in the Insured vehicle as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in:	Section I - Policy wording Section II - Policy wording



		<table><tr><th>Nature of injury</th><th>Scale of compensation</th></tr><tr><td>(i) Death</td><td>100%</td></tr><tr><td>(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td><td>100%</td></tr><tr><td>(iii) Loss of one limb or sight of one eye</td><td>50%</td></tr><tr><td>(iv) Permanent total disablement from injuries other than named above.</td><td>100%</td></tr></table> Provided always that (a) The compensation shall be payable under only one of the items (i) to (iv) above in respect of the owner-driver arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum of Rs. 15 Lakh during any one period of insurance. (b) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self-injury, suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person has consumed alcohol or is under the influence of intoxicating liquor or drugs. (c) Such compensation shall be payable directly to the Insured or to his/her legal representatives whose receipt shall be the full discharge in respect of the injury to the Insured This cover is subject to a) The owner-driver is the registered owner of the vehicle Insured herein; (b) The owner-driver is the insured named in this policy. (c) The owner-driver holds an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989 (as amended), at the time of the accident.	Nature of injury	Scale of compensation	(i) Death	100%	(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%	(iii) Loss of one limb or sight of one eye	50%	(iv) Permanent total disablement from injuries other than named above.	100%	
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(iv) Permanent total disablement from injuries other than named above.	100%												
7.	Add-on Cover	Not Applicable											
8.	Loss Participation	Not Applicable											
9.	Exclusions	Base Product The Company shall not be liable in respect of: 1) Any claim arising out of any contractual liability; 2) Any claim arising whilst the vehicle insured herein is: a) Being used otherwise than in accordance with the Limitations as to Use as stated in the schedule or b) Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's clause as mentioned in the schedule. 3) Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death arising out of and in the course of employment of a person in the employment of the insured or in the employment of any other person who is indemnified under this policy or bodily injury sustained by such person arising out of and in the course of such employment. 4) Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death or bodily injury to any person (other than a passenger carried by reason of or in pursuance of a contract of employment) being carried in or upon or entering or mounting or alighting from the Motor Vehicle at the time of the occurrence of the event out of which any claim arises. 5) The Company shall not be liable in respect of any liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.	Policy Wording - Exclusions										


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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Third Party long-term 2 & 3 year Two Wheeler Insurance Policy. UIN No.: IRDAN103RP0009V01201415.
IGI/MCOM/CO/ITPLT2&3YTWIP/CIS/Ver. 1.0/290126.


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		6) The Company shall not be liable in respect of any liability directly or indirectly or proximately or remotely occasioned by contributed by or traceable to or arising out of or in connection with War, Invasion, the Act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), Civil War, Mutiny, Rebellion Military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder, the Insured shall prove that the accident, loss, damage and/or liability, arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.	
10.	Special Conditions and warranties (if any)	Not Applicable	
11.	Admissibility of claim	Admissibility of claim 1) The claim must be in accordance with the terms and conditions of the insurance policy. 2) The policyholder must have paid the premium amount due. 3) The policyholder must inform the insurer about the claim within the specified time frame. 4) The policyholder must provide supporting documents at the time of claim, such as claim form, driving licence, Registration copy, Permit, Fitness, FIR. 5) The insurer may conduct an investigation to assess the claim's validity. Denial of Claim Personal Accident - No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) Intentional self-injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs.	
12.	Policy Servicing - Claim Intimation and Processing	Any issues related with respect to policy, kindly call us at 022 4890 3009 (Paid) or E-mail us at services@indusindinsurance.com . For any Claim related queries please contact us on - Call centre no: 022 4890 3009 (Paid) Email: services@indusindinsurance.com	
13.	Grievance Redressal and Policyholders Protection	While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit: • Call us on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com • Visiting any of our nearest branches https://igi-locator.oppspot.com/?Searchby=branch&sourcesystem=website&phonenumber=&emailid=#/ • You may also write to us at: IndusInd General Insurance, Correspondence Unit, 2nd & 3rd Floor, Winway Building, 11/12, Block No-4, Old No-67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India – 452001 Escalation level 1: In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay, you may contact Grievance officer at grievances@indusindinsurance.com Escalation level 2: If the insured is not satisfied with the response received from escalation level 1, he/she may approach the Head of Grievance at Headgrievances@indusindinsurance.com	



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		If the insured is not satisfied with the response received from above mentioned touchpoints, he/she may approach the Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure ____ or you may visit https://cioins.co.in/ombudsman Details of Grievance Redressal Officer of the Insurer - https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf Bima Bharosa Portal https://bimabharosa.irdai.gov.in/ Ombudsman (Please provide contact details, Toll free number and email) https://cioins.co.in/ombudsman.	
14.	Obligations of the Policyholder	a) Please disclose all the essential information of the risk before buying a Policy. b) In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately. c) Non-disclosure of material information may affect the claim settlement.	

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

For more details on risk features, terms and conditions, brochure, documents, please read Policy Wording at www.indusindinsurance.com to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. (<https://www.indusindinsurance.com/insurance/aboutus/downloads/downloads.aspx>)

Declaration for Data Sharing and Analytical Review

I, [Policyholder's Name], holder of Policy Number XXXXXXXXXXXXXXXXXXXX, hereby acknowledge and agree that [Insurance Company Name] may collect, store, process, and share my personal and policy-related information, including but not limited to my name, contact details, vehicle details, claim history, and driving behaviour, for the purpose of data analysis, risk assessment, fraud prevention, and service enhancement.

I understand that:

My information may be shared with third-party agencies, reinsurers, and regulatory authorities as required by law and for legitimate business purposes.

The data will be used for analytics, premium calculation, and improving insurance products and services.

The insurance company will implement reasonable security measures to protect my data against unauthorized access.

My consent is voluntary, and I have the right to withdraw it at any time by providing written notice, subject to applicable laws and regulations.

By signing below, I confirm that I have read and understood this declaration and give my consent for the use of my information as described above.

Policyholder's Name:: _____

Date: _____

Signature



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