

Proposal Form No: _____
 (To be filled in by the office)

INDUSIND PRIVATE CAR PACKAGE POLICY - PROPOSAL FORM

Note: 1) Please complete all sections in capitals & tick boxes wherever applicable. 2) Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void ab initio 3) Geographical Area of operation: INDIA.

 Is the Vehicle Made in India ☐ Yes ☐ No

Type of Policy: 1 Year Own Damage and 1 Year Third Party Liability Policy.

For Office Use Only

Policy Number	Proposal Form Date		DD / MM / YYYY
Inspection Lead Number			
Intermediary Name		Code	
Branch Name		Code	
Sales Manager Name		Code	

To be filled in by the customer

Type of Policy	☐ Used ☐ Renewal ☐ Rollover ☐ Endorsement
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Details of Vehicle Type

Vehicle Make	Vehicle Model & Variant	Cubic Capacity	Seating Capacity (including Driver)	Vehicle Registration Number	Date of Registration	
					DD/MM/YYYY	
Engine Number / EV Motor Number (Please fill in complete number):		RTO Authority:				
Chassis Number (Please fill in complete number):		EV Battery Number (Please fill in complete number):				
EV Battery Capacity in kWh:		EV Charger Number (Please fill in complete number):				
Does the Vehicle have PUC?	☐ Yes ☐ No	Date of Purchase of the Vehicle by the proposer:		DD / MM / YYYY		
Vehicle Driven By:	☐ Self ☐ Driver	Whether the vehicle at the time of purchase was		☐ New ☐ Second Hand		
Vehicle Fuel Type	☐ Petrol ☐ Diesel ☐ Others	Whether the Vehicle is driven by Non – conventional Source of Power: ☐ Yes ☐ No		If Yes: ☐ Bi Fuel ☐ CNG ☐ LPG ☐ Electric		
Policy Year	Insured's Declared Value (IDV) of vehicle Chassis Body	Non - electrical accessories fitted to the vehicle (₹)	Electronic accessories fitted to the vehicle (₹)	Side car (two wheeler) Trailer (Pvt. Cars) (₹)	Value of CNG/ LPG Kit Bi Fuel (₹)	Total Value (₹)
1st Year						

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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 Private Car Package Policy. UIN No.: IRDAN103RP0010V02100001. IGI/MCOM/CO/MOT-02/IPVT-CAR/PF/Ver. 1.0/190626.


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 Insurance App


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Details of the Insured		
Insured Type	☐ Individual ☐ Company	
Insureds Full Name	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S (If Company is selected above)	
Address	Permanent Address	Correspondence Address (Where vehicle is going to be kept)
Flat / Building:		
Road/Street/Sector:		
Area/Village/Taluka		
Landmark:		
City:		
Pin Code:		
State:		
Landline:		
Mobile:		
Email:		
PAN:		Fast Tag Id:
Source of Funds:	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others	
Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above	
Do you have a GST Registration Number:	☐ Yes ☐ No	
If Yes please specify		
Where do you park your vehicle?	☐ Road Side Parking ☐ Open Garage Parking ☐ Pay And Park ☐ Open with Residential Compound ☐ Stilt parking	
Are you an existing IndusInd General Insurance Customer?	☐ Yes ☐ No If Yes, Please provide the Policy No. :	
Period of Insurance	From H H : M M Hrs of DD/MM/YYYY To Mid Night of DD/MM/YYYY	
Related Party	☐ Yes ☐ No	
(Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.)		

CKYC Details – Section I		
Date of Birth	DD / MM / YYYY	
PAN No. Available	☐ Yes ☐ No	If Yes, Please Provide PAN No.:
If PAN No. Not available (Only Applicable for individuals)	Please attach Form 60 duly signed & attested.	

Insured's CKYC Details – Section II (Individuals)

CKYC No.: Available	☐ Yes ☐ No	If Yes, Please Provide CKYC No.:
If CKYC Number is not available:	Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: 1. ☐ Driving License 2. ☐ Passport 3. ☐ Voter ID	

Insured's CKYC Details – Section III (Other than Individuals)

CKYC No.: Available	☐ Yes ☐ No	If Yes, Please Provide CKYC No.:
Date of Incorporation	D D / M M / Y Y Y Y	
If CKYC Number is not available:	Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: 1. ☐ Certificate of Incorporation 2. ☐ Memorandum and Articles of Association 3. ☐ Registration Certificate (Partnership Firms) 4. ☐ Partnership Deed (Partnership Firms) 5. ☐ Trust Deed (Trusts and Foundations)	

Insured's CKYC Details – Section IV

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

Add On Covers (Subject to Availability and Eligibility)

a. IndusInd Limit sure Pay As You Drive	☐ Yes ☐ No
If Yes	Select Kilometer Limit ☐ 2500 KM ☐ 3500 KM ☐ 4500 KM ☐ 5500 KM ☐ 6500 KM ☐ 7500 KM ☐ 8500 KM ☐ 9500 KM ☐ 10500 KM ☐ 11500 KM ☐ 12500 KM ☐ 13500 KM ☐ 14500 KM ☐ 15500 KM
Odometer Reading on Risk Start Date	_____ KM
Inspection Lead Number:	
b. Nil Depreciation Cover	☐ Yes ☐ No
c. EMI Protection Cover	☐ Yes ☐ No If Yes please choose any one option EMI Amount: ₹ _____ Maximum EMIs*: ☐ 1 EMI ☐ 2 EMIs ☐ 3 EMIs ☐ 4 EMIs ☐ 5 EMIs ☐ 6 EMIs Time Deductible#: ☐ 7 Days ☐ 10 Days ☐ 14 Days ☐ 21 Days <i>*EMI means "Equated Monthly Installment" of the active loan for the hypothecated Insured Vehicle. The maximum payment under EMI Protection cover shall be limited to the maximum EMIs selected above.</i> <i># Time Deductible shall mean the minimum number of days that the Insured Vehicle is under repair in the Authorized Garage, for which no amount shall be payable under this Addon.</i>
d. Return to Invoice	☐ Yes ☐ No


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Road Tax Amount Paid:	₹ _____
Registration Charges Paid:	₹ _____
Do you have invoice of vehicle:	☐ Yes ☐ No
Invoice value of the vehicle:	₹ _____
e. Tyre Protector:	☐ Yes ☐ No
Specifications of Tyres & Tubes	Width in mm: _____ Aspect Ratio: _____ Tyre Serial Number: _____
f. Rim Protector	☐ Yes ☐ No
Specification of Rims	Width in mm: _____ Aspect Ratio: _____ Rim Serial Number: _____
g. Hospital Cash Cover	☐ Yes ☐ No
Sum Insured:	☐ ₹ 1000 ☐ ₹ 2000 ☐ ₹ 3000 ☐ ₹ 4000 ☐ ₹ 5000
No. of Days:	☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30
Convalescence Benefit SI:	☐ ₹ 5000 ☐ ₹ 15000
h. NCB Retention Cover	☐ Yes ☐ No
i. Consumable Cover	☐ Yes ☐ No
j. Engine Protect Cover	☐ Yes ☐ No
k. Key Protect Cover	☐ Yes ☐ No
l. Daily Allowance Benefit Plus	☐ Yes ☐ No If Yes please choose any one option Daily Allowance: ☐ ₹ 500 ☐ ₹ 1000 ☐ ₹ 1500 ☐ ₹ 2000 ☐ ₹ 2500 ☐ ₹ 3000 Maximum number of Days in Garage: ☐ 10 Days ☐ 20 Days ☐ 30 Days Time Deductible#: ☐ 3 Days ☐ 7 Days ☐ 14 Days <i># Time Deductible shall mean the minimum number of days that the Insured Vehicle is under repair in the Authorized Garage, for which no amount shall be payable under this Addon. Once the Time Deductible is exceeded, the Daily Allowance shall be payable from the first day.</i>
m. Loss of Personal Belongings	☐ Yes ☐ No
Sum Insured:	₹ _____
n. Voluntary Deductible:	☐ Yes ☐ No
Voluntary Deductible Amount Opted:	₹ _____
o. Cover for Replacement Car	☐ Yes ☐ No
p. Battery Protection Cover	☐ Yes ☐ No
Do you want to cover additional Battery	☐ Yes ☐ No
If Yes,	Secondary EV Battery Serial Number: _____
No. of claims	
Depreciation to be covered	☐ Yes ☐ No
r. Electric Motor Protect Cover	☐ Yes ☐ No
No. of claims	
Depreciation to be covered	☐ Yes ☐ No

s. EV Charger Cover	☐ Yes ☐ No
Do you want to cover additional charger	☐ Yes ☐ No
If Yes,	Secondary EV Charger Serial Number: _____
No. of claims	
Depreciation to be covered	☐ Yes ☐ No
t. Assistance Cover	☐ Yes ☐ No (If Yes, Please Refer Annexure 1 for more details)
u. Preferred Network Garage Benefit	☐ Yes ☐ No
Whether the Car is Certified as Vintage Car by Vintage and Classic Car Club of India?	☐ Yes ☐ No
Whether the Vehicle is fitted with Fibre glass tank?	☐ Yes ☐ No
Is the vehicle fitted with any Anti-theft device?	☐ Yes ☐ No
Are you a member of Automobile Association of India ? If yes, please submit membership copy.	☐ Yes ☐ No
Whether the Vehicle is used for Driving Tuitions?	☐ Yes ☐ No
Whether use of Vehicle is limited to Own Premises? (Only if not Licensed for General Road use by RTO).	☐ Yes ☐ No
Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? If so, is the duty element included in the IDV?	☐ Yes ☐ No
Whether the Vehicle is design for use of Blind/Handicapped/ Mentally Challenged Person? (Attach self – attested RC Copy)	☐ Yes ☐ No

Personal Accident Cover Section

Do you want to include Personal Accident Cover: ☐ Yes ☐ No

If Yes, Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

Note:

1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D.
2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

If No, Please tick on the option below:

- ☐ Owner / Driver has an existing Personal Accident Cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at ₹ 15 lakhs
- ☐ Owner does not have a valid Driving License
- ☐ The insured vehicle is not owned by an individual



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Do you wish to cover Legal Liability to?	
a. Driver	☐ Yes ☐ No
If Yes then, No. of Drivers	
b. Other Employees	☐ Yes ☐ No
c. Unnamed Passengers	☐ Yes ☐ No
If Yes then, No. of Unnamed Passengers	
Do you wish to include Personal Accident (P.A.) Cover for Named persons? (optional)	
☐ Yes ☐ No	
If yes, give the No. of passengers to be covered along with name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is Rs. 2 lakhs in the case of Private cars	
No. of Passengers to be covered	
Name	CSI Opted (₹)
Do you wish to include P.A. Cover for unnamed persons/hirer/pillion passengers (two wheelers)?	
☐ Yes ☐ No	
If yes, give the number of persons to be covered along with name and Capital Sum Insured (CSI) opted. The maximum CSI available per person is Rs. 2 lakhs in the case of Private cars	
No. of Unnamed Passengers to be covered	
Name	CSI Opted (₹)

Details of Hire Purchase / Hypothecation / Lease	
Please state if the vehicle is under	☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement
If so, give name and address of concerned parties.	
Full Name:	M/s
Address:	

Other Details	
Extension of Geographical Area: Whether extension of Geographical Area to the following countries required?	☐ Bangladesh ☐ Bhutan ☐ Maldives ☐ Nepal ☐ Pakistan ☐ Sri Lanka
Will the Vehicle be used exclusively for	
a. Private, Social, Domestic, Pleasure & Professional Purposes	☐ Yes ☐ No
b. Carriage of goods other than samples or personal Luggage	☐ Yes ☐ No

Is the Vehicle in good condition?	☐ Yes ☐ No
If "No" Please give Full Details	
Any Other Material facts relevant for this Insurance?	

Details of Previous Insurance			
Full Name of Previous Insurer			
Address			
Type of Policy	☐ Package Policy ☐ Liability ☐ Bundled ☐ SAOD ☐ Long Term		
Previous Own Damage Policy Number		Previous Own Damage Policy Expiry Date	DD / MM / YYYY
If SAOD is selected then please fill the below details			
Previous Third Party Liability Policy Number		Previous Third Party Liability Policy Expiry Date	DD / MM / YYYY
Claims taken in previous policy	☐ Yes ☐ No		
If Yes, No. of Claims		Claimed Amount:	₹ _____
Are you entitled for No Claim Bonus	☐ Yes ☐ No	If Yes, No Claim Allowed under previous policy	_____ %

RISK DETAILS			
Has any insurance company ever	☐ Declined your proposal ☐ Required an increase in premium ☐ Cancelled of Refused Renewal ☐ Imposed Special Condition or Excess		
Does the driver suffer from defective vision or hearing or any physical infirmity	☐ Yes ☐ No		
If Yes, Please give Details			
Has the driver ever been involved or convicted for causing any accident involving third party loss	☐ Yes ☐ No		
If yes, Please give details as under including the pending prosecution if any:			
Drivers Name	Date of Accident	Circumstances of Accident	Loss / Cost
Change of Vehicle ownership in previous policy:		☐ Yes ☐ No	

PAYMENT DETAILS			
☐ Cash ☐ Credit Card ☐ Others ☐ Cheque ☐ DD			
Cheque / DD No.:		Cheque / DD Date:	DD / MM / YYYY

PROPOSER'S BANK DETAILS (in case of Refund)

Name of the Bank Account Holder: ☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T			
Bank Account No.:	Account Type:		☐ Saving ☐ Current
Name of the Bank			
Branch			
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
IFSC Code (11 character code appearing on your cheque leaf)			
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. *Please attach a copy of signed cancelled cheque of the Bank Account of the insured only			

NOMINEE'S DETAILS. Please give details of nomination

Name of the Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	% of Claim	Relationship	Address	Mobile	Email ID

NOMINEE'S BANK DETAILS

Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T
Bank Account No.:	Account: ☐ Saving ☐ Current
Name of the Bank	
Branch	
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	
IFSC Code (11 character code appearing on your cheque leaf)	
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.* *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.	

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "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".

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

AML Guidelines

1. 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 offense listed in Prevention of Money Laundering Act,2002.
2. I understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

PROPOSER'S SIGNATURE *	Date	Place	Time
Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY			

*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

AGENT / INTERMEDIARY'S DECLARATION [IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY]

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

I, (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between IndusInd General Insurance Company Limited and the Proposer, if this Proposal is accepted by IndusInd General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/ to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by IndusInd General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to IndusInd General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

Agent / Intermediary Name _____

Agent / Intermediary Code _____

License No. _____

Place: _____

Date: D D / M M / Y Y Y Y

[Display 'Confirmed' when ticked]

Signature of Agent / Intermediary _____

E-ACCOUNT OPENING

IndusInd General Insurance recommends to move towards a smarter and faster way of transacting by opening an e-Insurance account. Check here to opt in for E-Insurance account.

(Please click on the link sent to you on your registered mobile no through SMS and complete the e-IA Registration form)

DECLARATION BY PROPOSER

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 IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company.

- I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same.
- I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited.
- I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/ allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations.
- I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by IndusInd General Insurance shall stand suspended.



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- I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance Co.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.
- I/We hereby confirm that the product details have been explained to me to my satisfactory level.
- For Specially abled persons, I/We hereby confirm that the product details have been explained to me to my satisfactory level by authorized person.
- I/We here by state that the above-mentioned address shall be taken as address on record for the purpose of GST.
- I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/ us and I/We have fully understood the significance of the proposed contract

This proposal form was completed by

Name _____

Place: _____

Date: D D / M M / Y Y Y Y

Date: D D / M M / Y Y Y Y

Signature of Proposer

Signature of Authorized Person

(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal

Signature of Authorized Person

(In case of Specially Abled Proposer)

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

- 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- 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.

SUPPORTING CONFIRMATION OF AGENT/BROKER/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/Broke ☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T

Place: _____

Date: D D / M M / Y Y Y Y

Signature of IRDAI Agent/Broker

(In case of Direct Business, Name & Signature of CSO / SM to be taken)



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Important: Insured's Declared Value (IDV)	Age of the Vehicle	Depreciation
The Insured's Declared Value (IDV) of the vehicle will be deemed to be the SUM INSURED for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle. The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model of the insured vehicle at the commencement of insurance/renewal and adjusted for depreciation (as per schedule alongside). The schedule of age-wise depreciation as shown alongside is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only. IDV of vehicles beyond 5 years of age and of obsolete models of vehicles is to be determined on the basis of understanding between the Insurer and Insured.	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%

IMPORTANT NOTICE

- In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
- For preferred cashless garage list, please logon to our website or speak to customer care executive. IGICL cannot provide cashless claim settlement at garages other than those in our network list*.
- Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically. You can download our claim form and claim procedure.
- The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR No. 164 (f) dated 25.02.2022 w.e.f 01.4.2022).

Also view claim status on our website. Insurance is the subject matter of solicitation.

* conditions apply.

ANNEXURE 1- ASSISTANCE COVERS SECTION

Section	Covers	Sub Section	Coverage Selection (Please tick to select)	Coverage Radius	Sum Insured/ Limits	Criteria
1	24/7 Road Side Assistance (Mandatory)					Minimum of 25 km with multiples of 5 km.
1.1	Emergency Towing	Accidental towing services				
		Breakdown Towing services				
		Towing or Battery Generator for EV Battery drainage and/or Malfunction				
1.2	On-Site Assistance	Minor Repair	Mandatory	___ kms	Not Applicable	
		Flat Battery or Jump Start				
		Spare Key Retrieval and or Services of Keys Locked inside				
		Service of Flat Tyre				

2	Fuelling Service (Optional)					
2.1	Emergency Fuel	Fuel Delivery		If Yes ____ kms	Not Applicable	Minimum of 25 km with multiples of 5 km
2.2	Wrong Fuelling	Towing of the insured vehicle Expenses for Draining and Flushing the fuel tank	☐ Yes ☐ No	Not Applicable	If Yes INR____, Max of 2 claims in a policy period	Minimum of INR 3000 with multiples of 1000 INR.
3	Emergency Medical Assistance (Optional)			Not Applicable		
3.1	Medical Assistance	Ambulance contact, Medical facility contact, Emergency Message Transmission Assistance			Max of 2 contacts	-
3.2	Emergency Road Ambulance Service	Emergency Road Ambulance Service	☐ Yes ☐ No		If Yes INR____	Minimum of INR 3000 with multiples of 1000 INR
3.3	Emergency Air Ambulance Service	Emergency Air Ambulance Service	☐ Yes ☐ No		If Yes INR____	Options available 1 lakh and multiples thereof 1 lakh
3.4	Blood Transfusion Services	Reimbursement towards Blood Transfusion	☐ Yes ☐ No		If Yes INR____	Minimum of INR 3000 with multiples of INR 1000
3.5	Transportation Benefit	Radio Cab expenses for nearest Hospital	☐ Yes ☐ No		INR____	Minimum of INR 2000 with multiples of INR 1000
3.6	Accidental Medical Expenses	Hospitalization expenses	☐ Yes ☐ No		If Yes INR____, for ____ passengers including driver, on floater basis	Options available: INR 1 lakh, 2.5 lakh, 5 lakh
3.7	Companion Accommodation	Companion Hotel Stay expenses during Hospitalization of minimum 24 hours	☐ Yes ☐ No		If Yes INR____ per Policy Period	Minimum of INR 3000 with multiples of INR 1000

4	Legal Assistance Cover (Optional)				Not Applicable	Not Applicable
4.1	Legal Advisor	Legal Consultation in case of Accident	☐ Yes ☐ No	Not Applicable	If Yes INR_____	Minimum of INR 5000 with multiples of INR 5000
4.2	Legal Expenses – Third Party	Legal expenses for criminal case on Owner/Driver during and Accident				
4.3	Legal Expenses – Theft Recovery	Legal Expenses related to Theft vehicle recovery				
5	Flood Assistance (Optional)					
5.1	Vehicle Transportation	Retrieval and transportation of the vehicle to garage	☐ Yes ☐ No	If Yes _____ km	Not Applicable	Minimum of 25 km with multiples of 5 km
5.2	Drying and Cleaning services	Drying services and interior cleaning following a flood				
6	Value Added Services (Optional)					
6.1	Reminder and Advisory	Reminders for various documentation like P.U.C., Driving License, Services etc	☐ Yes ☐ No	Not Applicable	If Yes INR_____, Maximum 1 claim in a policy period	Minimum of INR 1000 with multiples of 1000 INR.
6.2	Loss of documents	Cost of Obtaining Duplicate documents				
6.3	Chauffer on Demand	Chauffer services				
6.4	Continuation/Return Journey - Taxi Support	Continuation/Return Journey - Taxi				
6.5	Hotel Accommodation	Hotel Stay expenses during vehicle repair if repair exceeds 48 hours				
7	Preventive Care Services (Optional)		☐ Yes ☐ No	Not Applicable	As specified in annexure	Not Applicable


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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 Private Car Package Policy. UIN No.: IRDAN103RP0010V02100001. IGI/MCOM/CO/MOT-02/IPVT-CAR/PF/Ver. 1.0/190626.


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8	Travel Assistance Services (Optional)					
8.1	Missed air travel cover	Reimbursement of Non-refundable ticket cost	☐ Yes ☐ No	Not applicable	If Yes INR_____; — incidences in a Policy Period	Minimum of INR 5000 with multiples of INR 1000
8.2	Missed Train and Bus Travel Cover	Reimbursement of Non-refundable ticket cost	☐ Yes ☐ No			
8.3	Missed Event Cover	Reimbursement of Non-refundable ticket cost	☐ Yes ☐ No			
8.4	Physical Wallet Assure	Reimbursement for physical wallet lost due to accident	☐ Yes ☐ No	If Yes Outside of _____ kms	Not Applicable	Not Applicable
8.5	Concierge Services	Concierge assistance	☐ Yes ☐ No			
9	Service Guarantee (Built-in)		Available		If Yes INR_____ per incidence	Not Applicable

Note: The Short Description is indicative and provided only for reference. Please refer to the entire Policy Wording for detailed Terms and Conditions of Coverage.

ANNEXURE - II SELF DECLARATION FOR NAME AND ADDRESS MISMATCH:

Self Declaration Form

Date _____

To, IndusInd General Insurance Company Limited,
 Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

I Mr./Mrs./Ms. _____, state and declare that my name has been misspelt as _____ in _____ although my name is _____ however the same is incorrectly mentioned as _____ in the _____. I hereby agree and confirm that what is stated above is true and correct information.

Signature of the Applicant Name Address _____

IndusInd Private Car Package Policy UIN - IRDAN103RP0010V02100001, NCB Retention Cover UIN - IRDAN103RP0010V02100001/A0012V02200910, Nil Depreciation UIN - IRDAN103RP0010V02100001/A0006V01201314, EMI Protection UIN - IRDAN103RP0010V02100001/A0008V03202526, Daily Allowance Benefit Plus UIN - IRDAN103RP0010V02100001/A0012V03202526, Voluntary Deductible UIN - IRDAN103RP0010V02100001/A0023V01200910, Consumable Expenses UIN - IRDAN103RP0010V02100001/A0007V02201314, Engine Protector UIN - IRDAN103RP0010V02100001/A0009V02201314, Key Protect Cover UIN - IRDAN103RP0010V02100001/A0008V02201314, Return to Invoice UIN - IRDAN103RP0010V02100001/A0065V01201819, Tyre Protector UIN - IRDAN103RP0010V02100001/A0027V01201920, Rim Protector UIN - IRDAN103RP0010V02100001/A0028V01201920, Loss of Personal Belongings UIN - IRDAN103RP0010V02100001/A0031V01201920, Hospital Cash Cover UIN - IRDAN103RP0010V02100001/A0029V01201920, Replacement Car UIN - IRDAN103RP0010V02100001/A0008V01200910, Limit Sure - Pay as you Drive UIN - IRDAN103RP0010V02100001/A0021V01202223, Battery Protection Cover UIN - IRDAN103RP0010V02100001/A0050V01202223, EV Motor Protect Cover UIN - IRDAN103RP0010V02100001/A0052V01202223, EV Charger Cover UIN - IRDAN103RP0010V02100001/A0053V01202223, Private Car Assistance Covers UIN - IRDAN103RP0010V02100001/A0054V01202223, Private Car Preferred Network Garage Benefit Add-On Cover UIN - IRDAN103RP0010V02100001/A0049V01202425, Replacement Car for Private Car - IRDAN103RP0010V02100001/A0008V01200910.