



**Schedule for Stand-Alone Motor Own Damage for Two Wheeler  
 UIN: IRDAN106RP0001V01201920**

<b>Name</b>		
<b>Address for correspondence</b>	<b>Pin Code.....</b>	<b>Telephone</b>
	<b>No.....</b>	
<b>Name and Address of the Financer</b>		
<b>Period of Coverage</b>	<b>From.....am/pm</b>	
	<b>To.....am/pm</b>	
<b>Standard Motor Package Policy No.</b>		
<b>Total Premium</b>		
<b>PAY AS YOU USE (UIN: IRDAN106RP0001V01201920/A0025V01202223) Kilometer limit</b>	<b>Y/N</b>	<b>.....</b>

<b>Vehicle Details</b>	
<b>Registration No</b>	
<b>Year of Manufacturing</b>	
<b>IDV (Insured Declared value under Motor Package Policy)</b>	
<b>Ex Showroom Price as on:</b>	
a) Date of proposal	<b>Rs.....</b>
b) Date, month & year when the vehicle was purchased (Insured Value)	<b>Rs.....</b>
<b>Engine No.</b>	
<b>Chassis No.</b>	
<b>Cubic Capacity</b>	
<b>Gross Vehicle Weight</b>	
<b>Class of the Vehicle</b>	
<b>Type of Coverage (e.g. Fire plus TP, Comprehensive etc)</b>	
<b>Seating Capacity</b>	
<b>Type of Body</b>	

<b>Depreciation Waiver (UIN: IRDAN106RP0001V01201920/A0003V01201920)</b>	
Basic Premium	Rs.....
Applicable loading for Age	Rs.....
Applicable loading for obsolete models	Rs.....
<b>Total PREMIUM</b>	<b>Rs. ....</b>

<b>New Vehicle Replacement (UIN: IRDAN106RP0001V01201920/A0004V01201920)</b>	
Basic Premium (Applicable on Ex Showroom price of the vehicle alongwith Insurance Cost and Registration Cost)	Rs.....
Applicable loading for Age	Rs.....
Applicable loading for obsolete models	Rs.....
<b>Total PREMIUM</b>	<b>Rs.....</b>

<b>Daily Rental/Travel Cost (UIN: IRDAN106RP0001V01201920/A0005V01201920)</b>	
Fixed Basic Premium	Rs.....
<b>Total PREMIUM</b>	<b>Rs.....</b>

<b>Personal Effect &amp; Belongings (UIN: IRDAN106RP0001V01201920/A0006V01201920)</b>	
Fixed Basic Premium	Rs.....
<b>Total PREMIUM</b>	<b>Rs.....</b>

<b>Medical Expenses (UIN : IRDAN106RP0001V01201920/A0007V01201920)</b>		
<b>A) Limits</b> a) Limit for Anyone Insured Person b) Limit for All Insured Person  <div style="text-align: right;">Applicable Premium</div>		Rs..... Rs..... Rs.....
<b>B) If; on named basis, then please mention the following details:</b> New                      Age                      Relationship with Insured Person		Limit:
1)		Rs.....
2)		Rs.....
3)		Rs.....
4)		Rs.....
5)		Rs.....
	Sub Total	Rs.....
(Please mention the limit)	Applicable Premium	Rs.....
<b>Total PREMIUM (A+B)</b>		Rs.....

<b>Personal Accident Coverage (UIN: IRDAN106RP0001V01201920/A0008V01201920)</b>		
<b>Limits</b> a) Limits for Anyone Insured Person b) Limit for All Insured Persons (No. of seats multiplied by Limit for Anyone Insured Person)  <div style="text-align: right;">Applicable Premium Rate</div>		Rs..... Rs..... .....
<b>Total PREMIUM</b>		Rs.....

<b>No Claim Bonus Protection (UIN: IRDAN106RP0001V01201920/A0009V01201920)</b>		
a) Percentage of No Claim Bonus on your insured vehicle under Motor Package Policy (in %) b) Own Damage Premium under Motor Package Policy  <div style="text-align: right;">Applicable Loading for Own Damage Premium in %</div>		..... Rs..... .....
<b>Total PREMIUM</b>		Rs.....

<b>Wreckage/Debris Removal Cost (UIN: IRDAN106RP0001V01201920/A0010V01201920)</b>	
Limits of Liability (As percentage of Insured Declared Value as per the Motor Package Policy)	Rs.....
Total PREMIUM	Rs.....

<b>Towing and/or Removal/Storage of the Insured Vehicle (UIN: IRDAN106RP0001V01201920/A0011V01201920)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Accommodation and Travelling Expense (UIN: IRDAN106RP0001V01201920/A0012V01201920)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Transport, Redelivery or Repatriation of Repaired Vehicle (UIN: IRDAN106RP0001V01201920/A0013V01201920)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Consumable Cover (UIN: IRDAN106RP0001V01201920/A0009V01202223)</b>	
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As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Loss of Key Cover (UIN: IRDAN106RP0001V01201920/A0010V01202223)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Helmet Cover (UIN: IRDAN106RP0001V01201920/A0032V01202223)	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

Equated Monthly Installment (EMI) Protection (UIN: IRDAN106RP0001V01201920/A0038V01202223)	
As per the Limits mentioned in the Coverage Option opted _____ Time Excess _____ Max No of EMIs payable _____ EMI payment schedule based on the number of days the vehicle is under repair at the authorized garage/workshop _____	Rs.....
PREMIUM	Rs.....

**PREMIUM DETAILS**

Premium Details				
Total Premium	CGST	SGST	IGST	Gross Premium

In witness whereof , the undersigned being duly authorized has hereunder set his/her hand on this policy on

Toll Free: 1800-103-5499 ; Other: (0124) 4285499 ;  
or SMS "CLAIMS" to 56161.

Insurance Co. Ltd

GST:

CIN : U74899DL2000PLC107621

Policy Issuing Office: Delhi

Consolidated Stamp Duty deposited as per the order  
of Government. of National Capital Territory of Delhi.

For IFFCO-TOKIO General

Authorized Signatory