



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017
COMMERCIAL VEHICLE MOTOR PROPOSAL FORM

Issuing Office:

PLEASE WRITE IN BLOCK LETTERS

Tick the box as per your requirement.

Category	Commercial Vehicle		
Type	Tick box	Name	UIN
Motor Package	<input type="checkbox"/>	Commercial Vehicle - Package policy	IRDAN106P0005V01200607
Third Party	<input type="checkbox"/>	Commercial Vehicle -Stand Alone TP policy	IRDAN106P0006V01200607

A. Do you want Comprehensive cover with coverage for depreciation? (Applicable for Commercial Vehicle - Package policy) (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.
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Personal Details

1	Registered Owner's Full Name					
	GSTIN (If customer is registered for GST)					
2	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	
		State				
	Communication Address	Flat / Building				
		Street / Road / Sector				
		Area / Village / Taluka				
		Landmark				
		City			Pin Code	
		State				
Permanent Address (if different from the Communication address)	Flat / Building					
	Street / Road / Sector					
	Area / Village / Taluka					
	Landmark					

		City		Pin Code		
		State				
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 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	Form	Hrs.	Day	Month	Year
		To				
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"/>						
I have e Insurance Account & the No. is _____						
<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	Type of Vehicle	Goods Carrying Vehicle <input type="checkbox"/> Passenger Carrying Vehicle <input type="checkbox"/> Mis. D <input type="checkbox"/> Please specify usage _____				
10	Registration No. of the Vehicle					
11	Date of Registration of the Vehicle					
12	Registering Authority & Location					
13	Year of Manufacture					
14	Engine No					



15	Chassis No	
16	Make of the Vehicle	
17	Model	
18	Type of Body	
19	Gross Vehicle Weight GCW & Cubic Capacity of the Vehicle Kilo Watt	CC/ KG.
20	Max. Licensed carrying capacity (No. of Passengers) in case of Passenger Carrying Vehicles?	
21	a) Fuel Type b) Weather Vehicle is driven by non-conventional source of power / Electric / Hybrid /CNG/LPG/Bi-Fuel?	Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes ,please give details : _____
22	Whether the use of vehicle is limited to own premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23	Type of road where vehicle would normally ply	Hilly <input type="checkbox"/> Road <input type="checkbox"/> National /State Highways <input type="checkbox"/> City-Town Road <input type="checkbox"/> District Road <input type="checkbox"/> Others <input type="checkbox"/> _____
24	Nature of goods normally carried	Hazardous <input type="checkbox"/> Non- Hazardous <input type="checkbox"/> If Hazardous ,give details of hazardous substance _____
25	Type of Permit (Goods Carrying Vehicle)	National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Zonal <input type="checkbox"/> Hilly Areas <input type="checkbox"/> If National permit , specify state where vehicle would be playing _____
26	Is driver certified for carrying hazardous material	Applicable -Certified <input type="checkbox"/> Applicable–Not Certified <input type="checkbox"/> Not applicable <input type="checkbox"/>
27	Whether the vehicle is used for driving tuitions? (GR-44)	Yes <input type="checkbox"/> No <input type="checkbox"/>
28	Details of Hire Purchase / Hypothecation / Lease	(IMT-5) / (IMT-7) / IMT-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		
29	Coverage for Liability against Third Party Risk (Death or Bodily Injury) required in respect of:	
	i) 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: 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).	
Third Party Risk: Liability to 'Workmen ' under E.C. Act.1923 (IMT -28)		
30	Wider Legal Liability to persons employed in connection with operation of the vehicle, who are 'workmen' i.e. The liability of the 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 of Registered Owner Driver

31	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 Nominee is a Minor)		
	d) Relationship to the Nominee		
	e) Period of cover	From _____	To _____
	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 –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)

32	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 ₹ 1 Lakhs in case of Motorized Two Wheelers & ₹ 2 Lakhs in case of other classes of vehicles.		

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

33	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 ₹ 1 Lakhs in case of Motorized Two Wheelers & ₹ 2 Lakhs in case of other classes of vehicles.		

Geographical Extension (IMT-1)

34	Whether extension of geographical area to the following countries required :			
	1	Bangladesh <input type="checkbox"/>	4	Maldives <input type="checkbox"/>
	2	Bhutan <input type="checkbox"/>	5	Pakistan <input type="checkbox"/>
	3	Nepal <input type="checkbox"/>	6	Sri-Lanka <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			

35	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)		
36	Details of Driver					
	a) Age and Date of Birth of the Owner				Age <input type="checkbox"/>	D.O.B. <input type="checkbox"/>
	b) Age and Date of Birth of other than Owner				Age <input type="checkbox"/>	D.O.B. <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 _____					
	37	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						
38	Whether vehicle belongs to Foreign Embassy / Consulate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
39	Whether Vehicle is designed for use of Blind/ Handicapped / Mentally challenged persons and duly endorsed as such by RTA?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
40	Whether the vehicle is fitted with fibreglass tank?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
41	Are you entitled to No Claim Bonus? If Yes, please submit the proof thereof.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
42	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 if India.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
43	Insured's Declared Value (Please fill up the following table)					
	Insured's Declared Value of Vehicle	Non- electrical accessories fitted	Electrical & electronic	Side Car (Two Wheeler) Trailers	Value of CNG/LPG Kit	Total Value



		to the vehicle	accessories fitted to the vehicle			
	₹	₹	₹	₹	₹	₹
<p>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.</p> <p>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.</p> <p>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.</p>						
SCHEDULE FOR DEPRECIATION FOR ARRIVING AT IDV						
AGE OF THE VEHICLE			% OF DEPERECIATION 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%			
44	Any other Relevant Information					

Availability of the following Add-on coverages is subject to the prevailing Underwriting guidelines of IFFCO-Tokio						
Add-on Covers						
45	Please tick the required Add-on & fill the relevant field (wherever applicable) only (Add-on name wise UINs are mentioned in annexure)					
1	Nil Depreciation cover/ Depreciation Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, kindly select the coverage: 1 claim* <input type="checkbox"/> 2 claims* <input type="checkbox"/> No limit** <input type="checkbox"/> *Nil Depreciation Cover ** Depreciation Waiver				
2	Select only one of the following: Return to Invoice / New Vehicle Replacement	Return to Invoice <input type="checkbox"/> Yes <input type="checkbox"/> No New Vehicle Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Personal Effect & Belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , Sum Insured ₹ _____				
4	Medical Expense	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please mention the limit for anyone person in the multiples of Rs. 50,000 for all Vehicles except Two/Three Wheelers where it will be in the multiples of Rs. 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 and Three Wheelers and three times the limit for anyone person in respect of all other Commercial				

		<p>Vehicle</p> <p>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:</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Name of Insured Person</td> <td style="text-align: center;">Limit Any Person</td> </tr> <tr> <td>a)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>c)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>d)</td> <td>_____</td> <td>_____</td> </tr> </table>		Name of Insured Person	Limit Any Person	a)	_____	_____	b)	_____	_____	c)	_____	_____	d)	_____	_____								
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a)	_____	_____																							
b)	_____	_____																							
c)	_____	_____																							
d)	_____	_____																							
5	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 driver? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes CSI for Owner 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 / Three Wheelers and ₹ 50,000/- for other vehicles.</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>																							
6	No Claim Bonus (NCB)Protection	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please mention the existing NCB <u> </u> %</p>																							
7	Increased Property Damage Liability Benefit	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes , Please mention the limit of excess of limit available under Standard Motor Package Policy in respect of, liability to third party property damage in accordance with Section-II , Liability to Third Parties .</p> <p>The limit will be given in the multiples of ₹ 1 Lac.</p> <p>Limit ₹ _____</p>																							
8	Wreckage / Debris Removal Cost	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																							
9	Loss of Income or Vehicle Hire Cost	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If Yes, please Indicate whether you would like to go with)</p> <p>Prefixed limit in accordance with IDV of your insured vehicle <input type="checkbox"/></p> <table border="1"> <thead> <tr> <th colspan="2">Type/Class of the Vehicle</th> <th>Daily Hiring Charges*</th> </tr> </thead> <tbody> <tr> <td colspan="2">Three Wheelers (Goods Carrying and Passenger Carrying Vehicles)</td> <td>₹500 or 1% of the IDV whichever is lower</td> </tr> <tr> <td colspan="2">Taxis</td> <td>₹ 3000 or 0.5% of the IDV whichever is lower</td> </tr> <tr> <td colspan="2">Buses</td> <td>₹ 3000 or 0.50% of IDV whichever is lower</td> </tr> <tr> <td rowspan="2">Goods Carrying Vehicles</td> <td>Upto 25000 Kg</td> <td>₹2500 or 0.50% of the IDV whichever is lower</td> </tr> <tr> <td>Beyond 25000 kg</td> <td>₹4,000 or 0.50% of IDV whichever is lower</td> </tr> <tr> <td colspan="2">Miscellaneous class 'D' Vehicles</td> <td>₹5000 or 0.50% of the IDV whichever is lower</td> </tr> <tr> <td colspan="2">Any Commercial Vehicle covered in Standard Commercial Vehicle package policy.</td> <td>As opted by you but not exceeding 1.0% of IDV ₹ _____</td> </tr> </tbody> </table>	Type/Class of the Vehicle		Daily Hiring Charges*	Three Wheelers (Goods Carrying and Passenger Carrying Vehicles)		₹500 or 1% of the IDV whichever is lower	Taxis		₹ 3000 or 0.5% of the IDV whichever is lower	Buses		₹ 3000 or 0.50% of IDV whichever is lower	Goods Carrying Vehicles	Upto 25000 Kg	₹2500 or 0.50% of the IDV whichever is lower	Beyond 25000 kg	₹4,000 or 0.50% of IDV whichever is lower	Miscellaneous class 'D' Vehicles		₹5000 or 0.50% of the IDV whichever is lower	Any Commercial Vehicle covered in Standard Commercial Vehicle package policy.		As opted by you but not exceeding 1.0% of IDV ₹ _____
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Miscellaneous class 'D' Vehicles		₹5000 or 0.50% of the IDV whichever is lower																							
Any Commercial Vehicle covered in Standard Commercial Vehicle package policy.		As opted by you but not exceeding 1.0% of IDV ₹ _____																							

		* The limit for Daily Rental/Travel Cost is for each 24 hours.
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	Engine and Gear Box Protection cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Consumable cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Loss of Key cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Full Coverage for Lamps,Tyre/Tube, Mudguards, Bonnet/Side Parts, Bumper,Head Gear and Paint Work of Damaged Portion of Commercial Vehicles	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	RIM Protection Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>
18	Equated Monthly Installment (EMI) Protection	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please select the option you want.

Table A: Passenger Carrying Vehicle (Two Wheeler (C4) / Four Wheeler (C1A, C2- 7 to 10 Passenger)

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 ≥ 8 days	<input type="checkbox"/>
II.	7 days	2	1st EMI at 8-30 days	<input type="checkbox"/>
			2nd EMI at ≥ 31 days	
III.	7 days	3	1st EMI at 8-30 days	<input type="checkbox"/>
			2nd EMI at 31-60 days	
			3rd EMI at ≥ 61 days	
IV.	10 days	1	1 EMI at ≥ 11 days	<input type="checkbox"/>
V.	10 days	2	1st EMI at 11-30 days	<input type="checkbox"/>
			2nd EMI at ≥ 31 days	
VI.	10 days	3	1st EMI at 11-30 days	<input type="checkbox"/>
			2nd EMI at 31-60 days	
			3rd EMI at ≥ 61 days	
VII.	15 days	1	1 EMI at ≥ 16 days	<input type="checkbox"/>
VIII.	15 days	2	1st EMI at 16-30 days	<input type="checkbox"/>
			2nd EMI at ≥ 31 days	
IX.	15 days	3	1st EMI at 16-30 days	<input type="checkbox"/>
			2nd EMI at 31-60 days	
			3rd EMI at ≥ 61 days	
X.	30 days	1	1 EMI at ≥ 31 days	<input type="checkbox"/>
XI.	30 days	2	1st EMI at 31-60 days	<input type="checkbox"/>
			2nd EMI at ≥ 61 days	
XII.	30 days	3	1st EMI at 31-60 days	<input type="checkbox"/>
			2nd EMI at 61-90 days	
			3rd EMI at ≥ 91 days	

Table B: All Other Commercial Vehicles (Expect Vehicle Covered Under Table A)

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.	30 days	1	1 EMI at ≥ 31 days	<input type="checkbox"/>
II.	30 days	2	1st EMI at 31-60 days	<input type="checkbox"/>
			2nd EMI at ≥ 61 days	
III.	30 days	3	1st EMI at 31-60 days	<input type="checkbox"/>
			2nd EMI at 61-90 days	
			3rd EMI at ≥ 91 days	
IV.	45 days	1	1 EMI at ≥ 46 days	<input type="checkbox"/>
V.	45 days	2	1st EMI at 46-60 days	<input type="checkbox"/>
			2nd EMI at ≥ 61 days	
VI.	45 days	3	1st EMI at 46-60 days	<input type="checkbox"/>
			2nd EMI at 61-90 days	
			3rd EMI at ≥ 91 days	
VII.	60 days	1	1 EMI at ≥ 61 days	<input type="checkbox"/>
VIII.	60 days	2	1st EMI at 61-90 days	<input type="checkbox"/>
			2nd EMI at ≥ 91 days	
IX.	60 days	3	1st EMI at 61-90 days	<input type="checkbox"/>
			2nd EMI at 91-120 days	
			3rd EMI at ≥ 121 days	

19	Road Side Assistance Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Electric/Hybrid Vehicle Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> Please select the coverage: 1 claim <input type="checkbox"/> 2 claims <input type="checkbox"/> No limit <input type="checkbox"/> Do you want co-payment option: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please select the required co-payment option: 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/>
21	Charger and Charging Accessories Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> Please select the coverage: 1 claim <input type="checkbox"/> 2 claims <input type="checkbox"/> No limit <input type="checkbox"/> Do you want co-payment option: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please select the required co-payment option: 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <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

Please provide the following bank details and a copy of Cancelled Cheque for direct credit of refund/ claim into your bank account.

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

Please ensure:

- Cancelled Cheque should be of the same bank account in which the refund/ claim proceeds need to be credited directly.
- Name as per Bank Account and name of the Proposer match. No third-party Bank Account details shall not be provided.

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) 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 :-----

h) Vernacular / Disability 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.

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

S.No.	Product Name	UIN
1	Commercial Vehicle - Package policy/Add-on: Engine and Gear Box Protection Cover	IRDAN106RP0005V01200607/A0017V01202223
2	Commercial Vehicle - Package policy/Add-on: Consumable Cover	IRDAN106RP0005V01200607/A0018V01202223
3	Commercial Vehicle - Package policy/Add-on: Loss of Key	IRDAN106RP0005V01200607/A0016V01202223
4	Commercial Vehicle - Package policy/Add-on: Full Coverage for Lamps,Tyre/Tube, Mudguards, Bonnet/Side Parts, Bumper,Head Gear and Paint Work of Damaged Portion Of Commercial Vehicles	IRDAN106RP0005V01200607/A0015V01202223
5	Equated Monthly Installment (EMI) Protection for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0039V01202223
6	Rim Protection Cover for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0043V01202223
7	Nil Depreciation Cover for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0008V01202425
8	Road Side Assistance Cover for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0012V01202425
9	Return to Invoice for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0057V01202526
10	Electric/Hybrid Vehicle Cover for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0068V01202526
11	Charger and Charging Accessories Cover for Commercial Vehicle Package Policy	IRDAN106RP0005V01200607/A0069V01202526

S No.	Product Name	Coverage Name	UIN
1	Value Auto Coverage	Depreciation Waiver	IRDAN106A0015V01200910
2		New Vehicle Replacement	
3		Personal Effect and Belongings	
4		Medical Expenses	
5		Personal Accident Coverage	
6		No Claim Bonus (NCB) Protection	
7		Increased Property Damage Liability Benefit	
8		Wreckage/Debris Removal Cost	
9		Loss of Income or Vehicle Hire Cost	
10		Towing and/or Removal/Storage of the Insured Vehicle	
11		Accommodation and Travelling Expense	
12		Transport, Redelivery or Repatriation of Repaired Vehicle	