



**Schedule for Commercial Vehicle – Package Policy**  
**UIN: IRDAN106P0005V01200607**

<b>Name</b>	
<b>Address for correspondence</b>	<b>Pin Code..... 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>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) <b>Date of proposal</b> b) <b>Date, month &amp; year when the vehicle was purchased (Insured Value)</b>	<b>Rs.....</b> <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: IRDAN106A0015V01200910)</b>	
Basic Premium	Rs.....
Applicable loading for Age	Rs.....
Applicable loading for obsolete models	Rs.....
<b>Total PREMIUM</b>	Rs. ....

<b>New Vehicle Replacement (UIN: IRDAN106A0015V01200910)</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>	Rs.....

<b>Personal Effect &amp; Belongings (UIN: IRDAN106A0015V01200910)</b>	
Fixed Basic Premium	Rs.....
<b>Total PREMIUM</b>	Rs.....

<b>Medical Expenses (UIN: IRDAN106A0015V01200910)</b>	
A) Limits	
a) Limit for Anyone Insured Person	Rs.....
b) Limit for All Insured Person	Rs.....
Applicable Premium	Rs.....
B) If; on named basis, then please mention the following details:	Limit:
New                      Age                      Relationship with Insured Person	
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: IRDAN106A0015V01200910)</b>	
Limits a) Limits for Anyone Insured Person b) Limit for All Insured Persons (No. of seats multiplied by Limit for Anyone Insured Person)	Rs..... Rs.....
Applicable Premium Rate	.....
Total PREMIUM	Rs.....

<b>No Claim Bonus Protection (UIN: IRDAN106A0015V01200910)</b>	
a) Percentage of No Claim Bonus on your insured vehicle under Motor Package Policy (in %)	.....
b) Own Damage Premium under Motor Package Policy	Rs.....
Applicable Loading for Own Damage Premium in %	.....
Total PREMIUM	Rs.....

<b>Increased Property Damage Liability Benefit (UIN: IRDAN106A0015V01200910)</b>	
Limits a) Limit for Anyone event (In excess of Limit of Liability under Section II of Standard Motor Package Policy)	Rs.....
Applicable Premium Rate	.....
Total PREMIUM	Rs.

<b>Wreckage/Debris Removal Cost and Transhipment Cost (UIN: IRDAN106A0015V01200910)</b>
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Limits of Liability (As percentage of Insured Declared Value as per the Motor Package Policy)	Rs.....
Total PREMIUM	Rs.....

<b>Loss of Income or Vehicle Hire Cost (UIN: IRDAN106A0015V01200910)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Towing and/or Removal/Storage of the Insured Vehicle (UIN: IRDAN106A0015V01200910)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Accommodation and Travelling Expense (UIN: IRDAN106A0015V01200910)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Transport, Redelivery or Repatriation of Repaired Vehicle (UIN: IRDAN106A0015V01200910)</b>	
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As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Engine and Gear Box Protection</b> <b>(UIN: IRDAN106RP0005V01200607/A0017V01202223)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Consumable Cover</b> <b>(UIN: IRDAN106RP0005V01200607/A0018V01202223)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Loss of Key Cover</b> <b>(UIN: IRDAN106RP0005V01200607/A0016V01202223)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Full Cover for Lamps , Tyre /Tubes , Mudguards , Bonnet / Side Parts, Bumper , Head Gear and            Paint Work of Damaged Portion of Commercial Vehicles</b> <b>UIN: IRDAN106RP0005V01200607/A0015V01202223)</b>	
As per the Limits mentioned in the Coverage	



Total PREMIUM	Rs.....
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<b>Equated Monthly Installment (EMI) Protection</b> <b>(UIN: IRDAN106RP0005V01200607/A0039V01202223)</b>	
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		
<table style="width: 100%;"> <tr> <td style="width: 70%;">           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.         </td> <td style="width: 30%; vertical-align: middle; text-align: right;">           For IFFCO-TOKIO General                     Authorized Signatory         </td> </tr> </table>	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
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