



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

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

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

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

| New Vehicle Replacement (UIN: IRDAN106RP0001V01201920/A0004V01201920) | |
|--|----------------|
| 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..... |
| Total PREMIUM | Rs..... |

| Daily Rental/Travel Cost (UIN: IRDAN106RP0001V01201920/A0005V01201920) | |
|---|----------------|
| Fixed Basic Premium | Rs..... |
| Total PREMIUM | Rs..... |

| Personal Effect & Belongings (UIN: IRDAN106RP0001V01201920/A0006V01201920) | |
|---|----------------|
| Fixed Basic Premium | Rs..... |
| Total PREMIUM | Rs..... |

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

| Personal Accident Coverage (UIN: IRDAN106RP0001V01201920/A0008V01201920) | | |
|---|--|---------------------------------|
| Limits 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..... |
| Total PREMIUM | | Rs..... |

| No Claim Bonus Protection (UIN: IRDAN106RP0001V01201920/A0009V01201920) | | |
|---|--|-----------------------------------|
| 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..... |
| Total PREMIUM | | Rs..... |

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

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

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

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

| Consumable Cover (UIN: IRDAN106RP0001V01201920/A0009V01202223) | |
|---|--|
|---|--|

| | |
|---|---------|
| 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..... |

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