IFFCO-TOKIO

GENERAL INSURANCE

Muskurate Raho

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
 	
                                          Applicable Premium
	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)
 	
(Please mention the limit)
 	
                                   Sub Total
 	
                           Applicable Premium
	Limit:
	
	Rs……………..
	Rs……………..
	Rs……………..
	Rs……………..
	Rs……………..
	Rs……………..
	
	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)
 	
                            Applicable Premium Rate
	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
 	
           Applicable Loading for Own Damage Premium in %
	…………………..
	
	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.   For IFFCO-TOKIO General 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.   Authorized Signatory