



**Schedule for Bundled cover with one year term for own damage and five years motor third party insurance policy for Two Wheelers  
 UIN: IRDAN106RP0007V01201819**

<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: IRDAN106RP0007V01201819/A0024V01202223) 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: IRDAN106RP0007V01201819/A0024V01201819)</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: IRDAN106RP0007V01201819/A0025V01201819)</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: IRDAN106RP0007V01201819/A0026V01201819)</b>	
Fixed Basic Premium	Rs.....
<b>Total PREMIUM</b>	<b>Rs.....</b>

<b>Personal Effect &amp; Belongings (UIN: IRDAN106RP0007V01201819/A0027V01201819)</b>	
Fixed Basic Premium	Rs.....
<b>Total PREMIUM</b>	<b>Rs.....</b>

<b>Medical Expenses (UIN : IRDAN106RP0007V01201819/A0028V01201819)</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)		
2)		
3)		
4)		
5)		
	Sub Total	Rs.....
(Please mention the limit)	Applicable Premium	Rs.....
Total PREMIUM (A+B)		Rs.....

<b>Personal Accident Coverage (UIN: IRDAN106RP0007V01201819/A0029V01201819)</b>		
Limits		
a) Limits for Anyone Insured Person		Rs.....
b) Limit for All Insured Persons		Rs.....
(No. of seats multiplied by Limit for Anyone Insured Person)		
	Applicable Premium Rate	.....
Total PREMIUM		Rs.....

<b>No Claim Bonus Protection (UIN: IRDAN106RP0007V01201819/A0030V01201819)</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: IRDAN106RP0007V01201819/A0031V01201819)</b>	
Limits a) Limit for Anyone event (In excess of Limit of Liability under Section II of Standard Motor Package Policy)  Applicable Premium Rate	Rs.....  .....
Total PREMIUM	Rs.

<b>Wreckage/Debris Removal Cost (UIN: IRDAN106RP0007V01201819/A0032V01201819)</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: IRDAN106RP0007V01201819/A0033V01201819)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Accommodation and Travelling Expense (UIN: IRDAN106RP0007V01201819/A0034V01201819)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Transport, Redelivery or Repatriation of Repaired Vehicle</b> <b>(UIN: IRDAN106RP0007V01201819/A0035V01201819)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Consumable Cover</b> <b>(UIN: IRDAN106RP0007V01201819/A0011V01202223)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Loss of Key Cover</b> <b>(UIN: IRDAN106RP0007V01201819/A0012V01202223)</b>	
As per the Limits mentioned in the Coverage	
Total PREMIUM	Rs.....

<b>Helmet Cover</b> <b>(UIN: IRDAN106RP0007V01201819/A0030V01202223)</b>	
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