Proposal Form No. _____

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
Visit us at **www.icicilombard.com** • Mail us at **customersupport@icicilombard.com** • Our toll free number is **1800 2666** • Alternate no : **86552 22666 (chargeable)**

Insurance underwritten by ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of solicitation. CIN: L67200MH2000PLC129408. IRDA Reg. No. 115.

PLEASE WRITE IN BLOCK LETTERS ☐ **MOTOR PACKAGE PROPOSAL FORM** ☐ **STAND-ALONE OWN DAMAGE PROPOSAL FORM**

Product	Private Car package policy	Stand-Alone Own Damage Two wheeler Insurance Policy	Two Wheeler Vehicle Package Policy (Tenure 1, 2 and 3 Years)	Bundled - Private Car Policy
UIN	IRDAN115RP0017V02200102	IRDAN115RP0002V02201920	IRDAN115RP0015V06201415	IRDAN115RP0021V03202122
Product	**5 Years - Two Wheeler Package Policy**	**2 Years - StandAlone Own Damage Two Wheeler Insurance Policy**	**3 years - Private Car Package Policy**	**Goods Carrying Vehicle Package Policy**
UIN	IRDAN115RPMT0004V02202425	IRDAN115RPMT0006V01202425	IRDAN115RPMT0003V02202425	IRDAN115RP0013V01200203
Product	**Bundled - Two wheeler Policy**	**3 Years - StandAlone Own Damage Two Wheeler Insurance Policy**	**Stand-Alone Own Damage Private Car Insurance Policy**	**Passenger Carrying Vehicle Package Policy**
UIN	IRDAN115RP0019V02202122	IRDAN115RPMT0007V01202425	IRDAN115RP0001V03201920	IRDAN115RP0014V01200203
Product	**Trailer package policy**	**4 Years - StandAlone Own Damage Two Wheeler Insurance Policy**	**2 Years - StandAlone Own Damage Private Car Insurance Policy**	**Miscellaneous Vehicle Package Policy**
UIN	IRDAN115RP0006V01202223	IRDAN115RPMT0008V01202425	IRDAN115RPMT0005V02202425	IRDAN115RP0015V01200203
Product	**Motor trade road risk package policy**	**Motor Trade Internal Risk Package Policy**	**Motor trade road transit risk package policy**	
UIN	IRDAN115RP0002V01200203	IRDAN115RP0001V01200203	IRDAN115RP0008V01202223	
Product	**5 Years - StandAlone Own Damage Two Wheeler Insurance Policy**			
UIN	IRDAN115RPMT0018V01202627			

The insured may select either Section I(A) or Section I(B) to avail coverage under of the Own Damage section of this policy

☐ **Section I(A): Own Damage:** This product protects you against loss or damage to your motor vehicle and/or accessories due to

• Fire • Self ignition • Explosion • Lightning • Theft • Burglary • Housebreaking • Riot • Strike • Earthquake • Flood and Allied perils • Accidental external means • Malicious Act • Terrorist activity • Transit • Landslide, Rockslide

☐ **Section I(B). Own Damage:** This product protects you against loss or damage to your motor vehicle and/or accessories due to

• Fire • Self ignition • Explosion • Lightning • Riot • Strike • Earthquake • Flood and Allied perils • Accidental external means • Malicious Act • Terrorist activity • Transit • Landslide, Rockslide

Third Party Liability: In addition to the coverage noted above, this product covers you against legal liability towards third party, in respect of the following

• Death of or bodily injury to any person • Damage to property (as per the provisions of Motor Vehicle Act) • Personal accident benefits (Death or Bodily injury) in respect of owner driver only/ any person other than paid drivers.

Coverage required for : ☐ **Pvt Car** ☐ **Two Wheeler** ☐ **PCV** ☐ **GCV** ☐ **Misc D** **Type of Policy:** ☐ **New** ☐ **Roll Over** ☐ **Renewal** ☐ **Used** ☐ **Endorsement**

Make of Vehicle	Model of Vehicle	Year of Manufacture	Cubic Capacity (CC)	Seating Capacity	Insured's Declared Value (IDV)	Date of Registration
					₹	

Premium: ₹ _____ GVW _____ kg R.T.O. Authority _____

Body Price: (if applicable) ₹ _____ Chassis Price: (if applicable) _____ Value of Non Electrical Accessories, if any (Please attach bills) _____

Value of Non Conventional source of Power (CNG/LPG) if any ₹ _____ Value of Electrical Accessories, if any (Please attach bills) _____

Engine No.: _____ Side Cars (Two Wheeler) _____

Chassis No.: _____ Value of Trailer, if any ₹ _____ Date of Purchase of Vehicle: D D M M Y Y Y Y

Additional Risks, if any: _____ Trailer Chassis No.: _____ Seating Capacity for PCV: _____ Type of Body: _____

Deal No.: _____ Vehicle Usage: _____ Vehicle Driven By: _____ Area of Operation: _____

Vehicle sub-class: _____ Policy Class: _____

Fuel Type: ☐ Diesel ☐ Petrol ☐ CNG ☐ LPG ☐ Hybrid ☐ Electric • Colour of the Vehicle : _____ • Colour Finish : ☐ Metallic ☐ Non-Metallic

Your policy will be dispatched to the below mentioned correspondence address.

(Use Block Letters)

Form 52 (India) (See Rule 142 (i) of Central Motor Vehicle Rules 1989)

1. Registration mark, number and description of the vehicle insured _____

CORRESPONDENCE/ PRESENT ADDRESS (Where the vehicle is normally kept)

2. Name: _____
Flat/Building: _____
Street/Road/Sector: _____
Area/Village/Taluka: _____
Landmark: _____
City: _____ Pincode: _____
State: _____
Mobile _____ Telephone: _____
Email: _____

PERMANENT ADDRESS / GST REGISTERED ADDRESS

_____
_____
_____
_____
_____
City: _____ Pincode: _____
State: _____
Mobile _____ Telephone: _____
Email: _____

For Non-Individual – Other details (Authorised Signatory)

Name: _____
Current residential address: _____
_____
Any officially valid document containing photographs of Authorized Signatory: _____

For Non-Individual – Details of Beneficial Owner

Mention the details of individual persons who has/have the Beneficial Ownership in the captioned entity:

Full Name	Date of birth	Nationality	Address	% share holding	PAN	Politically Exposed Person (PED) Declaration
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No
						☐ PEP ☐ Family member/ Close relatives/ Associates to PEP ☐ No

3. Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP): _____

"*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.

4. GSTIN (If customer is registered for GST): _____ **5.** Date of Incorporation D D M M Y Y Y Y **6.** Place of Incorporation _____

7. PAN No. _____ **8.** Date of Birth D D M M Y Y Y Y **9.** Sex : ☐ M ☐ F ☐ T

10. CKYC No _____ **11.** CIN _____ **12.** PAN of POS _____

13. Voter ID _____ **14.** Passport no _____ **15.** Driving license _____

16. DARPAN Portal Reg No.: _____

17. Effective date & time of commencement of insurance for the purpose of the Act. Tenure- Own Damage _____ Period of Insurance: Own Damage D D M M Y Y Y Y TO D D M M Y Y Y Y

In case of long term Policy Tenure: (Only Two Wheeler Policy) ☐ 2 years ☐ 3years Tenure- Third Party_____ Period of Insurance:Third Party D D M M Y Y Y Y TO D D M M Y Y Y Y

Endorsement Effective date (only for endorsements) Date: D D M M Y Y Y Y

18. Mandatory Third Party Details for Stand-Alone Own Damage Insurance Policy (Applicable only for Stand-Alone products)

Third Party Policy Number _____ Third Party Start Date D D M M Y Y Y Y Third Party Insurer Name _____ Third Party End Date D D M M Y Y Y Y

19. Compulsory Personal Accident (PA) Cover for owner-driver Sum Insured: ☐☐☐☐☐☐☐☐☐☐ Tenure: ____ D D M M Y Y Y Y TO D D M M Y Y Y Y

- The Personal Accident (PA) Sum Insured should be atleast Rs. 15 lakhs or greater than Rs. 15 lakhs and should be in multiples of Rs. 1 lakh.

I hereby declare that the owner driver does not require Compulsory Personal Accident cover as:

☐ Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least ₹ 15 lacs.

☐ The owner does not have a valid driving license. ☐ The vehicle to be insured is not owned by an individual.

Personal Accident Cover for driver is compulsory for Sum Insured for 15,00,000 for Two Wheeler, Private Cars and Commercial Vehicles. Cars and Commercial Vehicles. Compulsory PA cover to owner-driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving license.

Nominee Details

	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Nominee Name and Relationship				
Date of birth of nominee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Percentage of nomination	(%)	(%)	(%)	(%)
Mobile no. of nominee				
Email id of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

Appointee details: Please write the Appointee name also in case the nominee is a minor . * Please provide the details of the guardian in case of nominee is a minor

	1st Appointee	2nd Appointee	3rd Appointee	4th Appointee
Appointee Name and Relationship				
Date of birth of Appointee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Mobile no. of Appointee				
Email id of Appointee				
Present and Permanent address of Appointee				
Bank Account Details:				
Beneficiary Name:				
Bank Name:				
Bank Account Number:				
IFSC CODE				
MICR NUMBER				
BRANCH				

Source of Funds

Salary ☐ Business ☐ Others ☐ (In case of others, please specify: _____.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Is the vehicle proposed for insurance under: Hire-Purchase ☐ Lease Agreement ☐ Hypothecation ☐ Agreement ☐ None of the above ☐ LAN No.: _____

Name and address of the financier ☐☐☐☐☐☐☐☐☐☐

Agent Declaration

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sale Person/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below: _____(to be filled in, only in case there is some disclosure to be made)

Intermediary Name and Code:_____ Date: _____ Place: _____ Intermediary License / Registration Number: _____

Bank Details (in case of Issuance and Refund)

Direct Fund Transfer / EFT Mandate Form *(Please attach an Original Blank Cancelled Cheque signed by payee)*

Payee Name (As per bank records) Payee Account No.

Name of Bank : Type of Account: Savings Current IFSC Code No.

Cheque / DD Date: D D M M Y Y Y Y **Amount:** ₹ _____ **Cheque / DD No.:** _____ **Bank Name:** _____ **Deposit Slip No.:** _____

Credit Card No. **Expiry Date:** **Issuing Bank** _____ **Amount:** _____

If Corporate, vehicle used by, Mr./Ms. _____

Phone (with STD Code): _____ (O) _____

Mobile No.: _____ Email ID: _____

(For claim status and renewal reminders) Date of Birth : _____

Sex : M F T Marital status : Single Married

My Occupation Details

Type of Customer: Private Limited Co. Public Ltd. Co. Unincorporated Association or Body of Individuals
Partnership/LLP Trust/ Foundation Government
NGO/NPO (Provide DARPAN Portal Registration number above)
Others (please specify) _____

If Individual Salaried Self Employed Professional Retired

If Non Individual Urban Rural

Paidup Capital of Company in ₹ < 10 Crores 10-25 Crores > 25 Crores

Category/ Nature of Business: Training Manufacturing Contracting Others _____

Financial Services Hospitality Other (pl. specify)

Annual Income in ₹ : _____

Do you File an Income Tax Return Yes No Do you own a bank account Yes No

Optional Personal Accident Cover

Do you wish to include Personal Accident cover for named persons? Yes No

If yes, provide name and Capital Sum Insured (CSI) opted for :

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			

Do you wish to include PA cover for unnamed Passengers / Hirer / Pillion Passengers (Two Wheeler) Yes No

If yes, provide number of persons and Capital Sum Insured (CSI) opted for :

No. of persons : _____ CSI (per person) : _____

Details of Driver

a. Age & Date of Birth of the Owner : Age _____ Yrs DOB D D M M Y Y Y Y

b. Age & Date of Birth of the Driver : Age _____ Yrs DOB D D M M Y Y Y Y

Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No

If yes, please provide details of such infirmity: _____

d. Has the driver ever been involved / convicted for causing any accidental loss? Yes No

If yes, provide details as under including the pending prosecutions

Drivers Name :_____ Date of Accident : D D M M Y Y Y Y

Circumstances of Accident / Loss : _____

_____ Loss / Cost (₹) :_____

Vehicle Insurance History

Name and Address of Previous Insurer: _____

Previous Policy Type: Liability only Cover Package Cover Others

Previous Policy No.

Period of Insurance D D M M Y Y Y Y TO D D M M Y Y Y Y

Existing bonus/malus status: %

Are you entitled to No Claim Bonus? Yes No

In the last three years, is there any history of loss experienced by the proposer(s) or other drivers who would be using this vehicle Yes No If yes, details are:

Date & Time of Loss	Name of the Driver at the time f loss	Nature of Loss	Amount claimed (₹)

Has any insurance company ever

A) declined the proposal : Yes No

B) cancelled & refused to renew : Yes No (If yes, reasons for the same _____)

C) imposed special condition or excess : Yes No (If yes, reasons and details thereof : _____)

Declaration: I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited. I/We, the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We declare that this declaration and the answer given above shall be held to promissory and shall be the basis of the contract between me/us and ICICI Lombard. The policy may however be continued at the sole discretion of ICICI Lombard, subject to payment of the amount payable as determined by ICICI Lombard, resulting from the difference in the bonus/malus status. I shall endeavour to procure the renewal notice and pass on the same to ICICI Lombard immediately upon the receipt of such notice. "I/We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period(copy of the policy enclosed). I/we further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the policy will stand forfeited."

Place: _____ Date: D D M M Y Y Y Y Signature of Proposer_____

Other Vehicle Information

1) At the time of purchase the vehicle was : New Used

Date of purchase of the Vehicle (if current owner purchased the used vehicle):

2) Will the vehicle be used for carriage of goods other than samples or personal luggage: Yes No

3) The vehicle is in good condition* : Yes No If 'No' please give full details _____

4) The vehicle is self owned: Yes No

5) The vehicle is used for driving tution: Yes No

6) The vehicle is used for commercial purposes: Yes No

7) Use of my vehicle is limited to own premises: Yes No

8) The vehicle is used for Personal purposes: Yes No (excluding use for hire or reward)

9) The vehicle belongs to foreign embassy/consulate?: Yes No

10) The car is certified as Vintage car by: Yes No Vintage and Classic Car Club of India

11) The vehicle is designed for use of blind/handicapped/ mentally challenged person and duly endorsed as such by RTO: Yes No

12) The vehicle is chauffeur driven: Yes No

13) Are you a member of Automobile Association of India: Yes No

If yes, Association Name: _____

Membership Number: _____ Date of expiry: D D M M Y Y Y Y

14) Is the vehicle fitted with the any Anti-theft device approved by the ARAI: Yes No

If yes, attach Certificate of Installation in the vehicle issued by Automobile Association of India

15) Whether extension of geographical area to the following countries required?

Bangladesh, Bhutan, Maldives, Nepal, Pakistan & Sri Lanka: Yes No

If yes, state the name of the countries

1)_____ 2)_____ 3) _____

16) Whether the vehicle is driven by non-conventional source of power: Yes No

If yes, CNG LPG Bi-fuel Electric If yes, please give details _____

17) Whether the vehicle is fitted with fibre glass tank?: Yes No

18) Will the vehicle be used exclusively for Private, Social, Domestic, Pleasure & Professional Purpose?

Vehicle in "Good condition" means any vehicle which is in drivable condition without structural line and/ or mechanical defects

Agent Code: _____ Agent Name: _____

Office Use: IM Name _____ IM Code: _____

MO Name: _____ Branch Name: _____

(Note: Copies of RC Book, Permit & Fitness Certificate should be submitted along with the proposal form)

If the Vehicle owned / hired / leased / permitted by the State Transport authorities for the purpose of their operation for public transport Yes No

Additional coverages, if any _____

If yes, please submit the proof: _____

• Do you wish to include PA Cover for paid drivers, cleaners and conductors? Yes No

Name	CSI Opted (₹)	Nominee	Relationship
1.			
2.			

Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

i) Owner-Driver only Yes No

ii) Any person other than Paid Driver Yes No If yes, provide details of such other persons

1 _____ 2 _____

Note:

1. Section 146 of Motor Vehicle Act - 1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks.

   The explanation to Section 146 exempts the paid driver.

2. As per Section 147 (2)(a) the liability is 'as incurred' in the case of death / bodily injury of a third party.

   Legal Liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the employee under the Workmens Compensation Act-1923 is covered under the Motor Vehicle Act - 1988.

   1) Drivers : (No. of persons:_____) 2) Employees (Workmen)(No. of persons:_____)

(Note: The Motor Vehicles Act-1988 under Sec. 141(1)(ii)(I)covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act-1923.)

Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Workmens Compensation Act-1923, also liability under the fatal Accidents Act-1855 and the Common Law] Yes No

(Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement)

Do you wish to cover wider legal liability to employees who are NOT 'workmen'? Yes No

(Note: The Liability under Common Law and Fatal Accidents Act - 1855 in respect of employees who are not workmen can be covered under this endorsement)

Motor Related Add-on Covers

1) Do you wish to include Cover for Pay As You Use (PAYU - Telematics) Yes ☐ No ☐

2) Do you wish to include cover for Zero Depreciation? Yes ☐ No ☐

If yes, please select ☐ 2 Claim Limit ☐ No Claim Limit

Note- Above claim limit is applicable for 3 Years- Private Car Package Policy & 5 Years- Two Wheeler Package Policy

3) Do you wish to include cover for Road Side Assistance Yes ☐ No ☐

If yes, please provide your residence address: _____

Names of the emergency services selected are as below: _____

Note 1: Please refer attached Annexure II and select the services to avail the same under this addon.

Note 2: Please note that the Service Assure option may be selected only if both Towing on breakdown/accident and Minor Repairs services are also selected.

4) Do you wish to include Cover for Pay How You Use (PHYU- Telematics) Yes ☐ No

5) Do you wish to include Cover for Both - Pay As You Use (PAYU - Telematics) & Pay How You Use (PHYU - Telematics) Yes ☐ No ☐

6) Do you wish to avail discount for Voluntary Deductibles for this Add-on*? Yes ☐ No ☐

If yes, please indicate the amount: ₹ _____ * You can opt for a Voluntary Deductible specifically for this add-on, which would be over and above the basic Policy Deductible.

7) Do you wish to include cover for consumable items? Yes ☐ No ☐

If yes, please indicate the plan chosen _____

8) Do you wish to include cover for Return to Invoice add-on: Yes ☐ No ☐

If yes, please indicate, Registration+Road Tax Charges Paid ₹ _____

9) Do you wish to include cover for NCB Protect add-on: Yes ☐ No ☐

If yes, please indicate the plan chosen _____ Number of claims to be considered eligible for this add-on : _____

10) Do you wish to include cover for Garage Cash add-on: Yes ☐ No ☐

If yes, please indicate

A. The Daily Allowance opted for ₹ _____

B. The Maximum Coverage Days opted for _____

C. Maximum amount payable in the event of a claim under this add-on ₹ _____

D. The minimum number of days in excess of which the claim will be payable from the day such vehicle was delivered to the garage _____

11) Whether you want to opt for Voluntary Deductible offered under the Policy, which would be applied over the Compulsory Deductible? Yes ☐ No ☐

If yes, please state the amount: ₹ _____

12) Do you wish to include cover for Engine Protect Plus: Yes ☐ No ☐

13) Do you wish to include cover for Loss of Personal belongings: Yes ☐ No ☐

If yes, please indicate the plan chosen _____ Sum Insured ₹ _____

14) Do you wish to include cover for Key Protect add on : Yes ☐ No ☐

If yes, please indicate the Sum Insured ₹ _____

15) Do you wish to include cover for Tyre Protect add on: Yes ☐ No ☐

16) Do you wish to include Cover for EMI Protect : Yes ☐ No ☐

If yes, please mention the EMI amount (sum insured) / ₹ _____

No. of EMI opted _____ (Kindly select one option from below table) Time excess / waiting _____ (Kindly select one option from below table)

No of EMI: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

For Pvt. Car - Time Excess (Minimum No of Days): 7 days ☐ 10 days ☐ 14 days ☐ 21 days ☐ 28 days

For CV - Waiting-time (Minimum No of Days): 29 days ☐ 40 days ☐ 50 days ☐ 60 days ☐ 80 days ☐ 100 days

NOTE for CV- Before opting for number of EMIs and Waiting-time, please refer Annexure II Titled "EMI Protect for Commercial Vehicle Products"

17) Do you wish to include Cover for Emergency Medical Expenses: Yes ☐ No ☐

If yes, please mention below details:

Accidental Hospitalization Sum Insured ₹ _____. Ambulance Cover Sum Insured ₹ _____.

Hospital Daily Cash: 1) No of occupants to be covered _____. 2) Per Day Sum Insured _____.

Tele Consultation No. of service _____

18) Do you wish to include Cover for Battery Protect Cover: Yes ☐ No ☐

If yes, please select __ Claim Limit.

Note: Above claim limit is applicable for Goods Carrying Vehicle Package Policy, Miscellaneous Vehicle Package Policy and Passenger Carrying Vehicle Package Policy.

19) Do you wish to include Cover for Motor Floater Add-on: Yes ☐ No ☐

20) Do you wish to include Driving Accessories Cover: Yes ☐ No ☐

21) Do you wish to include Tyre & Wheel Rim Protect: Yes ☐ No ☐

22) Do you wish to include Smart Saver: Yes ☐ No ☐

23) Do you wish to include Smart Saver Plus: Yes ☐ No ☐

Note: Smart Saver & Smart Saver Plus, both cannot be opted together.

24) Do you wish to include IL Smart Assist: Yes ☐ No ☐

Note 1: Please refer attached Annexure II and select the services to avail the same under this addon.

Note 2: Please note that if Roadside Assistance, Emergency Medical Expenses, Smart Saver, Smart Saver Plus, or Loss of Personal Belongings are already opted in the policy, similar services under this add-on will be unavailable.

Note 3: The Service Assure option may be selected only if all the three, Battery Charging Support , Towing on breakdown/accident and Minor Repairs services are also selected.

25) Do you wish to include War risk cover: Yes ☐ No ☐

26) Do you wish to include Cyber Risk cover: Yes ☐ No ☐

27) Do you wish to include IDV Booster: Yes ☐ No ☐

If yes, please mention Sum Insured ₹ _____

Note: The IDV Booster is subject to Company's discretion post evaluation and acceptance

28) Do you wish to include Motor Sahayak: Yes ☐ No ☐

Note: This Add-on and a separate service / cover i.e. Legal Assistance, under IL Smart Assist Add-on, cannot be opted together.

Statutory Warning

PROHIBITION OF REBATES. (Under Section 41 of Insurance Act, 1938)

(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 [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by 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.

Note: The IDV of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle. The IDV of the vehicle is to be fixed on the basis of manufacturer listed selling price of the brand and model as the vehicle proposed for insurance at the commencement of insurance/renewal, and adjusted for depreciation (as per schedule specified below). The IDV of side car(s) and/ or accessories, if any, fitted to the vehicle but not included in the manufacturers listed selling price of the vehicle is / are also likewise to be fixed. The schedule of age wise depreciation, as shown below, is applicable for the purpose of total loss/constructive total loss / or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV

Table 1 : Schedule of depreciation for arriving at IDV

The Insured's declared value (IDV) of the vehicle will be deemed to be the 'Sum insured'.

IDV CALCULATION

AGE OF THE VEHICLE	Depreciation
Upto 6 Months	5%
6 Months 1 day to 1 Year	15%
1 Year 1 day to 2 years	20%
2 Year 1 day to 3 Years	30%
3 Years 1 day to 4 Years	40%
4 Years 1 day to 5 Years	50%

Note: IDV of vehicles beyond 5 years of age and of obsolete of the vehicle (i.e. models which the manufacturer have discontinued is to be determined on the basis of an understanding between insurer and the insured.

Section I (A): In case of total loss / constructive total loss / total theft / cash loss of the vehicle, the claim will be settled at invoice price i.e amount paid by the insured / policyholder at the time of purchasing the vehicle, excluding subsidy amount, if included in the invoice, or the Insured declared value (IDV) whichever is lower, subject to terms and conditions of the policy and admissibility of claims.

Section I (B): In case of total loss / constructive total loss / cash loss of the vehicle, the claim will be settled at invoice price i.e amount paid by the insured / policyholder at the time of purchasing the vehicle, excluding subsidy amount, if included in the invoice, or the Insured declared value (IDV) whichever is lower, subject to terms and conditions of the policy and admissibility of claims.

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud / misrepresentation by proposer, will entail Regulatory action.

- I hereby confirm that I am aware that enrolment to this product is purely voluntary and is not linked to me availing of any other facility from the bank.
- I hereby confirm that the premium towards my insurance cover will not be borne by any third party entity / person(s), with the exception of my spouse, parents, grandparents, children, siblings or employer

Signature of the Proposer: _____