

Welcome

Mr. SRIRAM GUPTA
Kushinagar, 274403
KASIA
KASIA
UTTAR PRADESH India - 274304
8778*****

From here on,
you're our responsibility.

Welcome on board.
Your IndusInd Two Wheeler Policy-Stand-alone Own Damage - Policy Schedule, with Policy Number 131522623080043841 is now live to access your policy anytime, anywhere download our IndusInd Insurance App and enjoy a host of special features.



My Policy
Attach, Access or
Download your policy



Claim Status
Register, Track
or Submit claim
documents



Garage Locator
Go cashless,
Tap and spot from
amongst 11,000+
network garages.



Video Claim Assistance
Intimate claims
instantly through
live video streaming.

[Click here](#) to download
Customer Information Sheet (CIS)

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Enjoy exclusive benefits, smart motor tips, and important updates about our products and services right on your mobile.

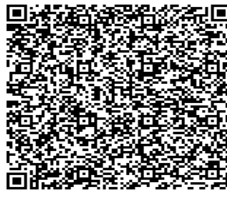
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With IndusInd General Insurance.

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IndusInd Two Wheeler Policy-Stand-alone Own Damage - Policy Schedule

Important

- 1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- 2) Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of its expiry.

Policy Number : 131522623080043841	Proposal/Covernote No: R16062683306
Insured Name : Mr. SRIRAM GUPTA	Period of Insurance : From 00:00 Hrs on 18-Jun-2026 to Midnight of 17-Jun-2027
Communication Address & Place of Supply : Kushinagar, 274403 KASIA KASIA, KUSHINAGAR, UTTAR PRADESH, India, 274304.	Policy Issuing Branch : A-1/6, Rajouri Garden, Main Ring Road , NEW DELHI, DELHI, 110027.
Mobile No : 8778*****	Tax Invoice No. & Date: R16062683306 & 2026-06-16 15:13:41.0
Email-ID : m*****@gmail.com	GSTIN/UIN & Place of Supply : UTTAR PRADESH
Insured's Blood Group :	

Insured Vehicle Details			
Registration No.	UP57BW6556	Mfg. Month & Year	JAN-2025
Make / Model & Variant	HERO MOTOCORP XTREME 125R ABS	CC / HP / Watt	125
Engine No. / Chassis No. / Motor No.	JA07AVSGA18493 / MBLJAU026SGA21393	Seating Capacity Including Driver	2
Type of Body	NA	Total Premium ₹	1179
RTO Location	UTTAR PRADESH - Padrauna	IDV ₹	74,500.00
Hypothecation/Lease	NA		

Insured Declared Value (IDV)			
Year	1		
Vehicle IDV ₹	74,500.00		
Electrical / Electronic Accessories ₹	0.00		
Non Electrical Accessories ₹	0.00		
Bi Fuel kit ₹	0.00		
Total IDV ₹	74,500.00		

Premium Summary			
Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD including Add-on	998.90	TOTAL PREMIUM (Sec I)	999.00
Total Basic Own Damage Premium	998.90		
		IGST (18.00%)	179.00
TOTAL OWN DAMAGE PREMIUM	999		
TOTAL PREMIUM PAYABLE (₹)			1,179.00

GSTIN : 07AABCR6747B1ZI HSN : 997134,

Subject to Erstwhile I.M.T.Endt.Nos. IMT 22

Description of services : Motor vehicle Insurance Service

"As per the GST regulations, the amount of GST (if applicable) will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year."

Consolidated Stamp duty Paid vide, order No ENF-1/CSD/166/2026 Validity Period Dt. 15/03/2026 to Dt. 01/12/2027 OW No.953 Date 11-03-2026 GRN No 1) MH016917810202526E, MH016918590202526E Date 12-02-2026 SBI. Deface No. 1) 0010248024202526, 0010248140202526 Deface Date 27-02-2026. ** Not Applicable for the State of Jammu & Kashmir

21BRG642 / POLICYBAZAAR
INSURANCE BROKERS PVT LTD
1800120800
support@pbpartners.com
Intermediary Code/Name
Intermediary Contact No.
Intermediary E-mail ID
POS UID Aadhaar No. / PAN No.

Existing TP Policy Details		
Existing TP Policy No	Existing TP Policy Company Name	Existing TP Policy Period
252400/31/2025/88250	The Oriental Insurance Company Limited	From : 21/02/2025 To : 20/02/2030

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance) . An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale.Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity No. U66603MH2000PLC128300 IndusInd Two Wheeler Policy- Stand-alone Own Damage UIN No.:IRDAN103RPMT0024V02202425 . IGI/MCOM/CO/MOT-02/PVT-CAR-TWO-WHELLER-PF/Ver.1.3/300117

- Special Conditions** : Policy has been issued with reference to vehicle inspection report, reference lead no. & special conditions. The inspection report remarks can be viewed on company's website by the lead no.
- Limitations as to use** : The Policy covers use for any purpose other than: (a) Hire or Reward other than for the purpose of driving tuition, (b) Carriage of goods (other than samples or personal luggage), (c) Organized racing, (d) Pace making, (e) Speed testing, (f) Reliability trials, (g) Any Purpose in connection with Motor Trade .
- Persons/Classes of persons entitled to drive:** : Any person including insured:
 Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid learner's license may drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.
- Deductible under Section-I :** : (i) Compulsory deductible ₹100 /- (ii) Additional compulsory deductible ₹0 /- (iii) Voluntary deductible ₹0 /-

"It is hereby declared and agreed that all pre-existing damages to the vehicle having occurred prior to the commencement of cover are excluded from the scope of the policy"

Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of its expiry. "It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy."

Payment of premium under Liability Section (Section II) of bundled policy to other insurer is sole responsibility of policy holder.

The insured is entitled for a No Claim Bonus (NCB) on the Own Damage Section of the policy, if no claim is made or pending during the preceding year(s) as per the following Table

No claim bonus discount		% of Discount on Own Damage premium				
Number of claim during policy period	NCB at Inception	Policy Period*				
		1 year policy	2 year policy	3 year policy	4 year policy	5 year policy
No claim	0%	20%	25%	35%	45%	50%
	20%	25%	35%	45%	50%	50%
	25%	35%	45%	50%	50%	50%
	35%	45%	50%	50%	50%	50%
	45%	50%	50%	50%	50%	50%
	50%	50%	50%	50%	50%	50%
1 claim	NA	0%	20%	25%	35%	45%
2 claims	NA	0%	0%	20%	25%	35%
3 claims	NA	0%	0%	0%	20%	25%
>=4 claims	NA	0%	0%	0%	0%	0%

*For the purpose of this NCB table, the Policy Period shall be rounded to the nearest complete year (365 days) as follows:

Policy Period	Column to refer in NCB grid
>=1642	5 years
>=1277 days But <1642 days	4 years
>=912 days But <1277days	3 years
>=547 days but <912	2 years
>= 182 days but < 547 days	1 year
<182 days	NCB shall be same as at inception

Maximum capping for NCB will be 50%.

The policy wording with detailed terms, conditions and exclusions are available on our website <https://www.indusindinsurance.com>

Statutory Provisions:

"As per Section 146 of the Motor Vehicle Act, 1988 it is Mandatory to have your vehicle insured against third party risk.
As per Section 196 of the Motor Vehicle Act, 1988 driving an uninsured vehicle is punishable with fine or Rs. 2000 and/or imprisonment up to 3 months for the first offence and fine of Rs. 4000 and/or imprisonment up to 3 months for the second offence."
I/We hereby certify that the Policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Note : In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. Subject otherwise to the terms, conditions and exclusions of the IndusInd Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

Safeguard your transaction by paying your premium via crossed cheque/DD in favour of IndusInd General Insurance Company Ltd

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

IMPORTANT NOTICE: The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY. For legal interpretation, English version will hold good.

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.
As per National Highways Authority of India, kindly ensure to affix FASTag on your vehicle.

Grievance Clause :

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at services@indusindinsurance.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at Grievances@indusindinsurance.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at HeadGrievances@indusindinsurance.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.indusindinsurance.com or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Office of the Insurance Ombudsman, 2/2 A, 1st Floor Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992
E-mail: oio.delhi@cioins.co.in

Note: Kindly acknowledge the receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately. This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under subrule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Fast Tag ID -

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

In the unfortunate event of a claim, please call quoting your Policy No. **022 4890 3009(Paid)** on and register your claim immediately within 7days from the date of loss.

In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

Special Conditions :

For IndusInd General Insurance Company Ltd



Authorised Signatory

Proposal Form For IndusInd Two Wheeler Policy-Stand-alone Own Damage

Is the vehicle made in India? Yes No Type of vehicle: Two Wheeler Three Wheeler Four Wheeler

For Office Use Only

Policy Number 131522623080043841 Date
Savvion Reference No. Inspection Lead No.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name POLICYBAZAAR INSURANCE BROKERS PVT LTD Code 21BRG642
Branch Name Janakpuri Code 1315
Sales Manager Name Lokesh Kumar Code 71000721

Details (To be filled in BLOCK LETTERS)

1. This Proposal is for A new Policy Renewal of Policy Roll-Over Policy Used Car Policy
 Endorsement Others (Please specify)
- 2a. Proposer's Full Name Mr. Mrs. Ms. M/S. SRIRAM GUPTA
- 2b. Address Address for Communication Address where vehicle is normally kept and Used
Flat/Building/Door/Block No. Kushinagar, 274403
Road /Street/Sector KASIA
Nearest Landmark
Area
City KASIA
Pin Code 274304
State UTTAR PRADESH
Country India
Phone 08778445689 Mobile 8778*****
Emergency Contact No. Blood Group
#Email m*****@gmail.com Fax
3. Period of Insurance From 18/06/2026 To: Midnight of 17/06/2027
4. Source of Funds Business Profession Salary Agricultural Income Savings Others
5. Monthly Income Upto ₹20,000 ₹20,001 to ₹50,000 ₹50,001 to ₹1,00,000 ₹1,00,001 and above
6. UID Aadhaar No. 7. PAN No.
8. Fast Tag ID
9. Do you have a GST Registration Number Yes No If Yes, please specify
10. Related Party Yes No

#The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at services@indusindinsurance.com

Details of the Vehicle

11. Registration Number UP57BW6556 12. Date of Registration 24/02/2025
13. Registering Authority & Location UTTAR PRADESH - Padrauna
14. Year & Month of Manufacture JAN-2025 15. Cubic Capacity 125
16. Engine Number JA07AVSGA18493
17. Chassis Number MBLJAU026SGA21393
18. Make of Vehicle HERO MOTOCORP
19. Type of Body/Model NAXXTREME 20. Seating Capacity including Driver 2

Details of the Vehicle Type and Use

21. a. Whether the Vehicle is driven by Non-conventional source of power? Yes No If yes Bi Fuel CNG LPG Electric Hybrid

Insured declared value (IDV) of the Vehicle	Non-electrical Accessories fitted to the Vehicle	Electrical & Electronics accessories fitted to the vehicle	Slide Car(Two wheeler) Trailer(Pvt. Cars)	Value of CNG/ LPG Kit Bi Fuel	Total Value
74500	0	0	0	0	74500

b. Do you have a valid PUC? Yes No Not Applicable

(Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

22. Age of Owner Driver _____ 23. D.O.B. _____

24. Add On Covers (Subject to availability and eligibility)

- | | |
|--|----|
| 1. Nil Depreciation Cover | No |
| 2. NCB Retention Cover (Applicable only for Annual Policy) | No |
| 3. Easy Monthly Instalment (EMI) Protection Cover:
If Yes, please choose any one option;
Plan I - 1 EMI, EMI Amount : ₹
Plan II - 2 EMIs, EMI Amount : ₹
Plan III - 3 EMIs, EMI Amount : ₹ | |
| 4. Total Cover | No |
| 5. Daily allowance benefits
Per Day Allowance: ₹
Coverage Days : | No |
| 6. Helmet cover: Sum Insured ₹
Number of Helmet Covered | No |
| 7. Daily allowance benefits Plus
Per Day Allowance: ₹
Coverage Days : | No |
| 8. Voluntary Deductible
Voluntary Deductible amount opted: ₹ 0 | No |
| 9. Hospital Cash Cover (Applicable only for Annual Policy)
Sum Insured: ₹ _____
No of Days: _____
Convalescence Benefit SI: ₹ _____ | No |
| 10. Emergency Hotel Accommodation
Benefit Amount: ₹ _____ | No |
| 11. Additional limit of TPPD
Additional amount opted: ₹ _____ | No |
| 12. Tyre Protector(Applicable only for annual Policy)
Specifications of Tyres and Tubes:
For Tyre : Width in mm: _____ Aspect Ratio: _____
Tyre Serial Number 1 _____ 2 _____ | No |
| 13. Rim Protector(Applicable only for annual Policy)
Specification of Rims:
For Rim : Width in mm: _____ Aspect Ratio: _____ | No |

Rim Serial Number 1 _____ 2 _____

- | | |
|--|---|
| 14. Consumable Expenses | No |
| 15. Engine Protector | No |
| 16. Return to Invoice (Applicable only for Annual Policy) | No |
| 17. Loss of Personal belongings (Applicable only for annual Policy) | No |
| Sum Insured: ₹ | |
| 18. Key protect cover | No |
| Sum Insured: ₹ | |
| 19. Any other Details | |
| _____ | |
| 25. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes, please attach certificate of installation in the vehicle, issued by automobile Association of India. | |
| 26. Are you a member of Automobile Association of India ? If Yes, please submit membership copy. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27. Will the Vehicle be used exclusively for | |
| a. Private, social, domestic, pleasure and professional purposed ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Carriage of goods other than samples or personal luggage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Whether the Vehicle is used for Driving Tuitions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 29. Whether use of Vehicle is limited to Own Premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 30. Whether the Vehicle is fitted with Fibre Glass Tank? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 31. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, is the duty element included in the IDV? | |
| 32. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 33. Date of purchase of the Vehicle by the Proposer | 24/02/2025 |
| 34. Whether the Vehicle at the time of purchase was | <input type="checkbox"/> New <input type="checkbox"/> Second Hand |

Risk Inclusions

35. Please select the higher deductible if you wish to opt for over and above the compulsory deductible
Two wheeler
36. Extension of Geographical Area
Whether extension of Geographical Area to the following Countries required ?
1. Bangladesh
2. Bhutan
3. Maldives
4. Nepal
5. Pakistan
6. Sri Lanka

Details of Hire Purchase / Hypothecation / Lease

37. Please state if the vehicle is under Hire Purchase Lease Agreement Hypothecation Agreement
- If so, give name and address of concerned parties.
38. Full Name M/s
39. Address

Details of Previous Insurance

40. Full Name of previous insurer
41. Address
42. Policy Number
43. Type of Cover Package Policy Liability only Previous Policy Expiry others (to be describe)
44. Claims taken in previous policy Yes No
- If yes, No. of Claims _____ Claims Amount ₹ _____

45. Are you entitled to No Claim Bonus Yes No
If yes, please submit/attached proof thereof
46. No Claim Bonus allowed under previous policy (%) 0
I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer _____

Existing TP Policy Details

Existing TP Policy Details : 252400/31/2025/88250
Existing TP Policy Company Name : The Oriental Insurance Company Limited
Existing TP Policy Period From 21/02/2025 to 20/02/2030

Payment Details

Cheque/ DD
Cheque/ DD Date 01/01/0001

Cheque/ DD No.
 Cash Credit Card Others

Proposer's Bank Details

47. Name of the Bank Account Holder
48. Bank Account No.: 49. Account: Saving Current
50. Name of the Bank
51. Branch
52. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
53. IFSC Code (11 character code appearing on your cheque leaf)

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account . *

* As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Company Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

AML Guidelines

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality Indian Non-Indian, If Non Indian Please specify the country

Type of organization Corporation Government Non Government Organization Society Trust
 Partnership International Organization Corporatives Section 25 Companies

PEP Declaration:

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	
I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Company Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.	

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and IndusInd General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. • I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (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. • I/We further understand and agree that IndusInd General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, IndusInd General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by IndusInd General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to IndusInd General Insurance as contained herein and under the relevant laws and regulations. • I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by IndusInd General Insurance shall stand suspended. • I/We also shall endeavour to procure the renewal notice and pass on the same to IndusInd General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring IndusInd General Insurance Company Ltd This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. • I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST. • I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

This proposal form was completed by

Name _____
Date : 16 Jun 2026 03:13

Place : _____
Date : 16 Jun 2026 03:13

Signature

Signature of Proposer & Company Seal

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

- 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.
- 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.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Place _____
Date _____
(In case of Direct Business, Name & Signature of CSO /SM to be taken)

Signature of IRDAI Agent/ Broker

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

IRDAN103RP0002V01201920/A0017V01201920 IRDAN103RP0002V01201920/A0021V01201920 IRDAN103RP0002V01201920/A0023V01201920
IRDAN103RPMT0024V02202425/A0003V01202526 IRDAN103RPMT0024V02202425/A0025V02202425 IRDAN103RPMT0024V02202425/A0026V02202425
IRDAN103RPMT0024V02202425/A0026V02202425 IRDAN103RPMT0024V02202425/A0027V02202425 IRDAN103RPMT0024V02202425/A0028V03202425
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