

**DIGIT TWO-WHEELER INSURANCE**  
**POLICY SCHEDULE**

**(UIN: IRDAN158RPM0045V01202425)**

Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095

Customer Details		Policy Details		
Name		Policy Number		
Address		Policy issue Date		
		Invoice Number	Invoice Date	DMMYYYY
GST State Code		*GSTIN/UIN Number		
City / Location		*Customer ID		
Mobile No		Partner Code and Name		
Email ID		Partner Contact and Email ID		
NCB % (Current Policy)	XX %	*Financier Details		

**Policy Period Details**

Coverage	From		To	
Period of Insurance for Section I: Loss of or Damage to the Vehicle Insured	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance for Section II: Liability to Third Parties	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance for Section III: Personal Accident Cover for Owner-Driver	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance for Optional Covers (as opted)				
Optional Cover: XXXXXXXXXXXXX	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Optional Cover: XXXXXXXXXXXXX	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Optional Cover: XXXXXXXXXXXXX	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Optional Cover: XXXXXXXXXXXXX	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59

**Coverage Details**

Coverage Opted	*Optional Cover Opted	Compulsory Deductible	*Voluntary Deductible	*Additional Excess
TP + Fire/ TP + Theft / TP + Fire & Theft / Package Policy	-			

**Vehicle & Sum Insured Details**

Registration No	Make	*Body Type
*Place of Registration	Model	Seating capacity
Month/Year of Registration	Vehicle Variant (sub type)	Year of Manufacturing
*Chassis No	Fuel Type	*KM (Odometer) reading
*Engine No	Cubic Capacity	

**Vehicle IDV**

Year	*Vehicle IDV (Rs.)	*Non-Electrical Accessories IDV (Rs.)	*Electrical / Electronic Accessories IDV (Rs.)	*CNG / LPG Kit (Extra Fitted) IDV (Rs.)	*Trailer IDV (Rs.)	Total IDV (Rs.)	Sum Insured for PA Owner Driver Cover (Rs.)
Year 1							15 Lakhs
Year 2							
Year 3							

Year 4							
Year 5							

## Premium Details

Own Damage Premium [A] (Rs.)		Liability Premium [B] (Rs.)		Total Premium [A+B] (Rs.)	
Own Damage Premium/Fire Premium/Theft Premium/ Fire + Theft Premium + Optional Cover Premium (if opted)	X	Basic Third-Party Liability		Net Premium	
		PA cover for Owner-Driver of 15 Lakh		CGST rate and amount	
NCB Discount Amount	Y	PA cover for XX passengers of 1 Lakh each		SGST/UTGST rate and amount	
		Legal Liability to Paid Driver		IGST rate and amount	
<b>Total OD Premium (Rs.)</b>	<b>X – Y</b>	<b>Total Act Premium</b>		<b>Final Premium</b>	

\*\* Note: The above total OD premium is inclusive of all applicable loading / discounts viz (automobile association memberships, anti-theft, handicap person, Driver Tuition, Fiber Glass, CNG/ LPG Unit, Geographical Extension, Imported Vehicle etc., wherever applicable)

Geographical area	Any accidental loss damage and/or liability caused sustained or incurred within India shall be covered subject to Policy Terms and Conditions, unless specifically agreed and endorsed.	
Limitation as to use	The policy covers use of the vehicle for any purpose other than hire or reward, racing, pace making, reliability trial, speed testing and use for any purpose in connection with the Motor Trade.	
Person or Class of persons entitled to drive	Any person including the insured 1) Provided that a person driving holds a valid and effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. 2) Provided also that the person holding an effective Learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989 and any subsequent amendment as applicable	
Limits of Liability	Under Section I of the policy – IDV as shown in the schedule Under Section II -1 (i) of the policy - Death of or bodily injury - such amount is necessary to meet the requirements of Motor Vehicle Act, 1988 and any subsequent amendment as applicable Under Section II -1 (ii) of the Policy Damage to Third Party Property Rs. 1 lakh P.A. Cover for Owner – Driver under section III (CSI) – As per the table above. Deductible under Section 1: Rs. _____	
Optional Cover Details:	<b>Optional Cover 1: Consumable Cover</b>	
	<b>Optional Cover 2: Parts Depreciation Protect</b>	Plan Opted: Dep Cover – Metal & Wood Dep Cover – Metal, Wood & Paint Dep Cover – Plastic, Nylon, Rubber & Fibre Dep Cover – Paint, Plastic, Nylon, Rubber & Fibre Zero Depreciation Cover Co-Payment Opted: 0% / 5% /10% /15% /20%/25%/30%
		Nos. of Claims Opted Per Year: One/ Two/ unlimited Maximum Number of claims in a Policy Period: _____
	<b>Optional Cover 3: Engine and Gear Box Protect</b>	
	<b>Optional Cover 4: Breakdown Assistance</b>	Plan Opted – Basic / Standard / Comprehensive/Platinum Limit (In KMs) _____ Maximum KM limit under Towing Facility (in INR): _____ Maximum amount limit under Towing Facility (in INR): _____ Maximum amount limit under Taxi Benefit (in INR): _____ Maximum amount limit under accommodation benefit (in INR): _____ Maximum Number of Claims in a Policy Year _____ Maximum Number of Claims in a Policy Period _____ Other specific details: _____
	<b>Optional Cover 5: Loss of Revenue</b>	Time Excess Opted - 0 day, 1 days, 2 days, 3 days, 4 days, 5 days, 10 days, 15 days, 20 days and 30 days. Maximum number of Days of Cover Opted - 3 days, 5 days, 7 days, 10 days, 15 days, 20 days, 30 days, 45 days, 60 days, 75 days and 90 days) Per day Benefit Amount Opted – (Minimum Rs. 1000 & Maximum Rs. 50,000 in multiples of 1000) : _____
	<b>Optional Cover 6: Debris Removal Expenses</b>	Sum Insured Opted: (Minimum: Rs. 5,000 & Maximum Rs 50,000 in multiples of Rs. 5,000): _____
<b>Optional Cover 7: Additional Towing Expenses</b>	Sum Insured Opted: (Minimum Rs. 5,000 & Maximum Rs. 50,000 in multiples of Rs. 5,000): _____	

Optional Cover 8: EMI Protection Cover	Number of EMI Opted: 1 EMI / 2 EMI's / 3 EMI's	
	Time Excess Opted: 5 days / 10 days / 15 days / 20 days / 25 days / 30 days / 35 days / 40 days / 45 days / 50 days / 55 days / 60 days	
Optional Cover 9: Return to Invoice	EMI Amount: ₹ _____	
Optional Cover 10: Key & Lock Protect	Co-Payment Opted: 0% / 5% / 10% / 15% / 20% / 25% / 30%	
Optional Cover 11: Tyre Protect	Sum Insured Options	
	Two Wheelers: Rs.1000 to Rs.5000 in multiples of 1000: _____	
Optional Cover 12: Daily Conveyance Benefit	Tyre1 Make & Model: _____ Serial Number: _____	
	Tyre2 Make & Model: _____ Serial Number: _____	
Optional Cover 13: Preferred Garage Discount	Plan Opted: Standard / Comprehensive	
Optional Cover 14: Pay as you drive	Per Day Allowance (Rs.): 100 to 3000 in multiples of 100	
	Maximum Number of days Cover: 3/4/5/7/10/15/30 days	
Optional Cover 15: EV Shield	Time excess Opted: 0/1/2/3/4/5 days	
Optional Cover 16: Loss to Personal Belongings	Benefit Opted: Discount on net premium of Own Damage Section / Waiver of applicable compulsory deductible	
Optional Cover 17: NCB Protector	Plan _____ kms	
Optional Cover 18: Accidental Hospitalization Cover	Sum Insured: _____ (In INR)	
	Additional Coverage opted under this optional on:	
Optional Cover 19: Daily Hospital Cash Cover	<ul style="list-style-type: none"> <li>Loss or damage to electrical panel for vehicle charging point: Yes/No</li> <li>Loss or damage to vehicle charger including charging cable: Yes/No</li> <li>Assistance Services Specific to EV: Yes/No</li> </ul>	
	Maximum No. of Claim in a Policy Period: _____ Maximum No. of Claim in a Policy Year: _____ Co – Pay Opted: _____	
Optional Cover 20: Good Driver Benefit	Sum Insured (Rs): 500 to 150000 in multiples of 500	
Optional Cover 21: Legal Assistance Cover	Maximum No. of Claim in a Policy Period: _____	
	Maximum No. of Claim in a Policy Year: _____	
Optional Cover 22: NCB Scaler	Option Opted:	
	<ul style="list-style-type: none"> <li>Same NCB Percentage</li> <li>Next Slab NCB Percentage</li> </ul>	
Optional Cover 23: EMI Shield	Claim Count in a Policy Year _____	
	Claim Count in a Policy Period _____	
Optional Cover 24: New Vehicle Replacement	Sum Insured Opted: INR _____	
	Co-pay opted _____	
Optional Cover 25: ADD ON Cover Details	Maximum Limit for Ambulance Cover per Hospitalization: INR _____	
	Any other Occupant Cover: Yes/No Basis of Occupant Cover: Named Basis / Unnamed Basis Name of Occupant (If Named Basis): _____ Maximum Number of Claim in a Policy Year: _____ Maximum Number of Claim in a Policy Period: _____	
*Previous Insurer	Per day Daily Cash Allowance: INR _____	
	Maximum Number of days: _____	
*Details of Pre-Existing Damages	Time Excess _____	
	Any other Occupant Cover: Yes/No	
Nominee Details	Basis of Occupant Cover: Named Basis / Unnamed Basis	
	Name of Occupant (If Named Basis): _____	
*IMT – Endorsements	Maximum Number of Claim in a Policy Year: _____	
	Maximum Number of Claim in a Policy Period: _____	
*Other Endorsements	Benefit Opted: _____	
	_____ Premium Discount/ _____ IDV Booster	
*Previous Policy No	Plan Opted: Basic Plan/Standard Plan	
	Sum Insured: ₹ _____	
*IMT – Endorsements	Maximum Number of Claim in a Policy Period: One / Two/ Three/No Limit	
	Maximum Number of claim in a Policy Year: _____	
*Other Endorsements	Minimum number of days of hospitalization opted _____	
	Maximum number of EMIs payable _____	
*Other Endorsements	Per EMI Amount: ₹ _____	
	Cover Opted: Comprehensive (Includes Theft) / Standard (Excludes Theft)	
Co-Payment Opted: 0% / 5% / 10% / 15% / 20% / 25% / 30%		

Previous Latest Insurer Name / Policy No / Policy Expiry Date			
*Premium Payment Details	Receipt No		Cheque No / NEFT Details
	Date		Date
<b>Important Notice</b>			
<p>1. <b>NCB Declaration:</b> The premium has been charged and policy has been issued subject to NCB declared by you as an insured. In the event of NCB found wrongly declared at any point of time during policy period, all benefits and coverages under the Policy in respect of section I of the Policy will stand forfeited. If there is any disagreement, write to us within 7 days from the date of issuance of policy or before the start date of period of insurance whichever is earlier.</p> <p>2. <b>Break in Insurance:</b> The policy is issued subject to acceptance of vehicle risk after evaluation of the pre-inspection report. Third Party and Personal Accident for Owner Driver covers (Section – II/III) will start immediately post risk inception date and time, however OD cover (Section – I) would not commence unless satisfactory pre-inspection report has been received by us. If the Company does not receive the pre-inspection report within 3 days from the issuance of policy, the own damage portion of the policy will be cancelled within 3 days from date of issuance of policy. Accordingly, policy will be amended, and balance premium will be refunded after retaining third party liability portion of the policy. If the pre-inspection report is adverse, the Company, at its discretion, can amend or cancel the own damage portion. Accordingly, the policy will be amended and balance premium, if any, will be refunded.</p> <p>3. <b>PUC Declaration:</b> The Policy has been issued subject to valid Pollution Under Control (PUC) Certificate disclosed by you as an insured on or before the date of commencement of the Policy.</p> <p>4. <b>Pre-existing Damages:</b> All types of pre-existing damages or cost of repair of such damage will be excluded at the time of claim settlement.</p> <p>5. <b>*Cheque dishonor / Non-receipt of payment:</b> If premium paid through Cheque, the policy is void ab-initio in case of dishonor of Cheque or non-receipt of payment.</p> <p>6. <b>Violation of Motor Vehicle Act:</b> This policy is issued in accordance with the provision of Chapter X and Chapter XI of MV act, 1988 and any subsequent amendment as applicable. Any violation will forfeit all benefits and coverages under the Policy.</p> <p>7. This policy is subject to the standard policy wordings, warranties and conditions applicable for this product in addition to Indian Motor Tariff.</p> <p>8. 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 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"</p> <p>9. Policy would be void on the ground that it was obtained by non-disclosure of material fact or by a representation of fact which was false in some material particular.</p>			
* <b>Indicates optional fields</b>			

For &amp; On Behalf of Go Digit General Insurance Ltd.

Consolidated stamp Duty paid

Authorized Signatory

vide Receipt No: XX dated DDMMYY

Printed, Signed and Executed at Bangalore

GST Reg. No.: XXXXX

SAC Code

In case of any claim, please contact our 24-Hour Call Centre at 1800 300 34448 or email us at '[hello@godigit.com](mailto:hello@godigit.com)'.

**Go Digit General Insurance Ltd**, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: [www.godigit.com](http://www.godigit.com)