

DIGIT TWO-WHEELER INSURANCE - PROPOSAL FORM / TRANSCRIPT**(UIN: IRDAN158RPMT0045V01202425)**

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all person(s)/asset(s) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- c. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800 300 34448 or e-mail at hello@godigit.com

*** For Partner Use Only:**

Scrutiny No	Receipt No	Policy No	Partner Code	Sub Partner Code	Partner Name

PERSONAL DETAILS

- 1) Proposer: Title Mr./Ms/Mrs. Name: _____
- *2) Are you an existing Go Digit General Insurance Ltd. Customer (Digit): Yes / No. If yes, please mention Policy No: _____
- *3) Date of Birth:(DDMMYY) _____ *4) PAN No _____ *5) UIDAI NO _____
- *6) Profession: Business / Govt Job / Doctor / Lawyer / IT professional / Office work / Field Job
- *8) Driving license issue year _____
- 8 a) Present Address: _____ PIN CODE _____
- 8 b) Mobile No _____ 9) GST State Code _____ 10) GSTIN Number _____

VEHICLE DETAILS

Registration No		Make	
Date of Registration		Model	
Chassis No		Vehicle variant (sub type)	
Engine No		Fuel Type	
Year of Manufacture		Cubic Capacity	
*Colour		*KM (Odometer) reading	
*Trailer registration No		*Finance Details	

Year	*Vehicle IDV (Rs.)	*Non-Electrical Accessories IDV in (Rs.)	*Electrical / Electronic Accessories IDV (Rs.)	*CNG / LPG Kit 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							

Risk Coverage Details

	From	To
Period of Insurance for Section I: Loss Of or Damage to the Vehicle Insured (Period of Insurance can be 1/2 /3/ 4 /5 years)	DDMMYYYY 00:00:01	DDMMYYYY 23:59:59
Period of Insurance for Section II: Liability to Third Parties (Period of Insurance can be 1/2/3/4/5 years only)	DDMMYYYY 00:00:01	DDMMYYYY 23:59:59
Period of Insurance for Section III: Personal Accident Cover for Owner-Driver (Period of Insurance can be 1 / 2 /3/ 4/ 5 years)	DDMMYYYY 00:00:01	DDMMYYYY 23:59:59
Period of Insurance for Optional Covers (Period of Insurance can be 1/ 2 /3/ 4/ 5 years for respective optional covers) Please tick if you want to opt for the optional cover		
<input type="checkbox"/> Optional Cover 1: Consumable Cover	DDMMYYYY 00:00:01	DDMMYYYY 23:59:59

<input type="checkbox"/>	Optional Cover 2: Parts Depreciation Protect	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 3: Engine and Gearbox Protect	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 4: Breakdown Assistance	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 5: Loss of Revenue	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 6: Debris Removal Expenses	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 7: Additional Towing Expenses	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 8: EMI Protection Cover	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	*Optional Cover 9: Return to Invoice	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 10: Key & Lock Protect	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 11: Tyre Protect	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 12: Daily Conveyance Benefit	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 13: Preferred Garage Discount	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 14: Pay As You Drive	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 15: EV Shield	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 16: Loss To Personal Belongings	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 17: NCB Protector	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 18: Accidental Hospitalization Cover	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 19: Daily Hospital Cash Cover	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 20: Good Driver Benefit	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 21: Legal Assistance Cover	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 22: NCB Scaler	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	Optional Cover 23: EMI Shield	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
<input type="checkbox"/>	*Optional Cover 24: New Vehicle Replacement	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59

* **Please note** that You can opt for either Optional Cover 9: Return to invoice or Optional Cover 24: New Vehicle Replacement. You cannot opt for both the covers together

*Voluntary Deductible /Additional Excess			
*Endorsement opted			IMT 23/24 or other
Coverage	Package/TP + Fire &/OR Theft		
Optional Cover Details	Optional Cover 1: Consumable Cover	Yes / No	
	Optional Cover 2: Parts Depreciation Protect	Yes / No	Plans: 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 Options: 0% / 5% /10% /15% /20%/25%/30% Maximum No. of claims in a Policy Year: _____ Maximum No. of claim in a Policy Period: _____
	Optional Cover 3: Engine and Gear Box Protect	Yes / No	
	Optional Cover 4: Breakdown Assistance	Yes / No	Plans – 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 _____
Optional Cover 5: Loss of Revenue	Yes / No	Time Excess Options - 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 - 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 – (Minimum Rs. 1000 & Maximum Rs. 50,000 in multiples of 1000) : _____
Optional Cover 6: Debris Removal Expenses	Yes / No	Sum Insured Options: (Minimum: Rs. 5,000 & Maximum Rs 50,000 in multiples of Rs. 5,000): _____
Optional Cover 7: Additional Towing Expenses	Yes / No	Sum Insured Options: (Minimum Rs. 5,000 & Maximum Rs. 50,000 in multiples of Rs. 5,000): _____
Optional Cover 8: EMI Protection Cover	Yes / No	Number of EMI Options: 1 EMI / 2 EMI's / 3 EMI's
		Time Excess Options: 5 days / 10 days / 15 days / 20 days / 25 days / 30 days / 35 days / 40 days / 45 days / 50 days / 55 days / 60 days
		EMI Amount: ₹ _____
Optional Cover 9: Return to Invoice	Yes/No	Co-Payment Options: 0% / 5% /10% /15% /20%/25%/30%
Optional Cover 10: Key & Lock Protect	Yes/No	Sum Insured Options Two Wheelers: Rs.1000 to Rs.5000 in multiples of 1000: _____
Optional Cover 11: Tyre Protect	Yes/No	Tyre1 Make & Model: _____ Serial Number: _____ Tyre2 Make & Model: _____ Serial Number: _____
Optional Cover 12: Daily Conveyance Benefit	Yes/No	Plan : Standard / Comprehensive Per Day Allowance (Rs.): 100 to 3000 in multiples of 100 Maximum Number of days Cover: 3/4/5/7/10/15/30 days Time excess Opted: 0/1/2/3/4/5 days
Optional Cover 13: Preferred Garage Discount	Yes/No	Benefit: Discount on net premium of Own Damage Section / Waiver of applicable compulsory deductible
Optional Cover 14: Pay as you drive	Yes/No	Plan _____ kms
Optional Cover 15: EV Shield	Yes/No	Sum Insured: _____ (In INR) Additional Coverage opted under this optional on: <ul style="list-style-type: none"> • Loss or damage to electrical panel for vehicle charging point: Yes/No • Loss or damage to vehicle charger including charging cable: Yes/No • Assistance Services Specific to EV: Yes/No Maximum No. of Claim in a Policy Period: _____ Maximum No. of claim in a Policy Year: _____ Co – Pay: _____
Optional Cover 16: Loss to Personal Belongings	Yes/No	Sum Insured (Rs): 500 to 150000 in multiples of 500 Maximum No. of claim in a Policy Period: _____ Maximum No. of claim in a Policy Year: _____
Optional Cover 17: NCB Protector	Yes/No	Options: <ul style="list-style-type: none"> • Same NCB Percentage • Next Slab NCB Percentage Claim Count in a Policy Year ____ Claim Count in a policy period ____
Optional Cover 18: Accidental Hospitalization Cover	Yes/No	Sum Insured: INR _____ Co-pay _____ 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 No. of claim in a policy Year: _____ Maximum No. of claim in a policy period: _____

	Optional Cover 19: Daily Hospital Cash Cover	Yes/No	Per day Daily Cash Allowance: INR _____ Maximum Number of days cover: _____ Time Excess _____ Any other Occupant Cover: Yes/No Basis of Occupant Cover: Named Basis / Unnamed Basis Name of Occupant (If Named Basis): _____
	Optional Cover 20: Good Driver Benefit	Yes/No	Benefit: ___ Premium Discount/ ___ IDV Booster
	Optional Cover 21: Legal Assistance Cover	Yes/No	Plan: Basic Plan/Standard Plan Sum Insured: ₹ _____ Maximum No. can claim in a Policy Period: Maximum No. of claim in a Policy Year:
	Optional Cover 22: NCB Scaler	Yes/No	
	Optional Cover 23: EMI Shield	Yes/No	Minimum number of days of hospitalization – 5/10/15 days Per EMI Amount: ₹ _____
	Optional Cover 24: New Vehicle Replacement	Yes/No	Cover: Comprehensive (Includes Theft) / Standard (Excludes Theft) Co-Payment Options: 0% / 5% /10% /15% /20%/25%/30%
Add on Cover Details			
Details of the Nominee for Personal Accident Cover for Owner-Driver			
Name		Relation	Age
			Appointee Name
			Appointee relation

PREVIOUS INSURER DETAILS

Company Name	Policy No	Policy Expiry Date	NCB %	*No of claims & claim amount

CUSTOMER BANK ACCOUNT DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

***PREMIUM PAYMENT DETAILS**

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the Company's obligation.
- I hereby affirmatively warrant that the Assured named herein/owner of the vehicle insured holds a valid Pollution Under Control (PUC) Certificate and Fitness Certificate on the date of commencement of the Policy and the same has been shown to the agent/authorized person of intermediary. I further undertake to renew and maintain a valid and effective PUC Certificate and Fitness Certificate during the duration of the Policy period.
- 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.
- I/We, hereby agree that in Case of Break in Insurance, the policy would be issued subject to acceptance of risk after evaluation of the Vehicle Inspection report. Own Damage cover (Section – I) would not commence unless the satisfactory Vehicle Inspection report has been received by us. If the Company does not receive the Vehicle Inspection report or the report is adverse, the Company, at its discretion, will cancel Policy as per the Motor Tariff
- I/We further declare that I/we will notify in writing any change in the details so furnished hereinabove occurring after the proposal has been submitted but before communication of the risk acceptance by the Company.
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents Yes/No

Date: _____
Place: _____
Signature of the Proposer

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name & Relationship with Proposer:

Place:

** Indicates optional fields*

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

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