

**DIGIT COMMERCIAL VEHICLE INSURANCE
POLICY SCHEDULE**

(UIN: IRDAN158RPM0043V01202425)

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 Loss of or damage to the vehicle Insured	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance for Liability to Third Parties	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance Towing Disabled Vehicle	DDMMYYYY	00:00:01	DDMMYYYY	23:59:59
Period of Insurance for 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		Vehicle variant (sub type)		*Vehicle IDV (Rs.)	
*Date of Registration		Odometer Reading (In Kms)		*Non-Electrical Accessories IDV in (Rs.)	
Chassis No		Fuel Type		*Electrical / Electronic Accessories IDV (Rs.)	
Engine No		Wheels	3-Wheeler/4 Wheeler	*CNG / LPG Kit IDV (Rs.)	
Year of Manufacture		Carriage Type	Stage Carriage /Contract Carriage /Private Service Vehicle	*Trailer IDV (Rs.)	
*Trailer registration No		Cubic Capacity/GVW (for Goods Carrying Vehicle)		Total IDV (Rs.)	
*Finance Details		Max. Licensed Carrying Capacity Including Driver & Cleaner		*Vehicle Usage/Body Type	
Make		*Vehicle modified for Physically challenged		Goods Type	Hazardous / Non-Hazardous
Model		Permit Type	Private Carrier/Public Carrier		

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 2 Lakh each		SGST/UTGST rate and amount	
		Legal Liability to Paid Driver		IGST rate and amount	
Total OD Premium (Rs.)	X – Y	Total Act Premium		Final Premium	

** 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	<p>The policy covers use of the vehicle only under a permit within the meaning of the Motor Vehicles Act 1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988</p> <p>The policy does not cover use for</p> <ol style="list-style-type: none"> Organised racing Pace Making Reliability Trials Speed Testing Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle. (Only for Passenger Carrying Vehicle) 	
Person or Class of persons entitled to drive	<p>Any person including the insured</p> <ol style="list-style-type: none"> 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	<p>Under Section I of the Policy – IDV as shown in the schedule</p> <p>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</p> <p>Under Section II -1 (ii) of the policy - Damage to Third Party Property Rs.7,50,000</p> <p>P.A. Cover under Section IV for Owner – Driver (CSI): Rs. 15,00,000</p>	
Optional Cover Details:	Optional Cover 1: Consumable Cover	
	Optional Cover 2: Parts Depreciation Protect	<p>Plan Opted:</p> <ul style="list-style-type: none"> 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 <p>Co-Payment Opted: 0% / 5% /10% /15% /20%/25%/30%</p> <p>Nos. of Claims Options Per Year: One/ Two/ unlimited</p> <p>Maximum Number of claim in a policy period: _____</p>
	Optional Cover 3: Engine and Gear Box Protect	
	Optional cover 4: Breakdown Assistance	<p>Plan Opted – Basic / Standard / Comprehensive Limit (In KMs) _____</p> <p>Maximum KM limit under Towing Facility (in INR): _____</p> <p>Maximum amount limit under Towing Facility (in INR): _____</p>

	<p>Maximum amount limit under Taxi Benefit (in INR): _____</p> <p>Maximum amount limit under accommodation benefit (in INR): _____</p> <p>Maximum Number of Claims in a Policy Year _____</p> <p>Maximum number of claims in a policy period _____</p>
Optional cover 5: Loss of Revenue	<p>Time Excess Opted - 0 day, 1 days, 2 days, 3 days, 4 days, 5 days, 10 days, 15 days, 20 days and 30 days.</p> <p>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)</p> <p>Per day Benefit Amount Opted – (Minimum Rs. 1000 & Maximum Rs. 50,000 in multiples of 1000) : _____</p>
Optional Cover 6: Debris Removal Expenses	<p>Sum Insured Opted: (Minimum: Rs. 5,000 & Maximum Rs 50,000 in multiples of Rs. 5,000): _____</p>
Optional Cover 7: Additional Towing Expenses	<p>Sum Insured Options: (Minimum Rs. 5,000 & Maximum Rs. 50,000 in multiples of Rs. 5,000): _____</p>
Optional Cover 8: EMI Protection Cover	<p>Number of EMI Opted: 1 EMI / 2 EMI's / 3 EMI's</p> <p>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</p> <p>EMI Amount: ₹ _____</p>
Optional Cover 9: Return to Invoice	<p>Co-Payment Opted: 0% / 5% / 10% / 15% / 20% / 25% / 30%</p>
Optional Cover 10: Key & Lock Replacement	<p>Sum Insured Options</p> <p>Two Wheelers: Rs.1000 to Rs.5000 in multiples of 1000: _____</p> <p>Three Wheelers: Rs.2500 to Rs.10000 in multiples of 2500: _____</p> <p>Four or more Wheelers: Rs.10000 to Rs.150000 in multiples of 10000: _____</p>
Optional Cover 11: Tyre Protect	<p>Tyre1 Make & Model: _____ Serial Number: _____</p> <p>Tyre2 Make & Model: _____ Serial Number: _____</p> <p>Tyre3 Make & Model: _____ Serial Number: _____</p> <p>Tyre4 Make & Model: _____ Serial Number: _____</p>
Optional Cover 12: Pay as you drive	<p>Plan Opted _____ kms</p>
Optional Cover 13: EV Shield	<p>Sum Insured: _____ (In INR)</p> <p>Additional Coverage opted under this optional on:</p> <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 <p>Maximum No. of claim in a policy period: _____</p> <p>Maximum No. of claim in a policy year: _____</p> <p>Co – Pay Opted: _____</p>
Optional Cover 14: Preferred Garage Discount	<p>Benefit Opted: Discount on net premium of Own Damage Section / Waiver of applicable compulsory deductible</p>
Optional Cover 15: NCB Protector	<p>Option Opted:</p> <ul style="list-style-type: none"> Same NCB Percentage Next Slab NCB Percentage <p>Claim Count in a Policy Year _____</p> <p>Claim Count in a policy period _____</p>
Optional Cover 16: Accidental Hospitalization Cover	<p>Sum Insured: INR _____</p> <p>Co-pay opted _____</p> <p>Maximum Limit for Ambulance Cover per Hospitalization: INR _____</p> <p>Any other Occupant Cover: Yes/No</p> <p>Basis of Occupant Cover: Named Basis / Unnamed Basis</p> <p>Name of Occupant (If Named Basis): _____</p> <p>Maximum Number of claim in a policy Year: _____</p> <p>Maximum Number of claim in a policy period: _____</p>
Optional Cover 17: Daily Hospital Cash Cover	<p>Per day Daily Cash Allowance: INR _____</p> <p>Maximum Number of days: _____</p> <p>Time Excess _____</p> <p>Any other Occupant Cover: Yes/No</p> <p>Basis of Occupant Cover: Named Basis / Unnamed Basis</p> <p>Name of Occupant (If Named Basis): _____</p>
Optional Cover 18: Good Driver Benefit	<p>Benefit Opted: _____</p>

		___ Premium Discount/ ___ IDV Booster	
	Optional Cover 19: Legal Assistance Cover	Plan Opted: Basic Plan/Standard Plan Sum Insured: ₹ _____ Maximum Number of claim in a policy period: One / Two/ Three/No Limit Maximum Number of claim in a Policy Year	
	Optional Cover 20: NCB Scaler		
	Optional Cover 21: Jack Protection Cover	Number of Jack Installed _____ Deductible Amount ₹ _____ Maximum Number of times you can claim in a policy period: Maximum Number of times you can claim in a Policy Year:	
	Optional Cover 22: Loss to Personal Belongings	Sum Insured (Rs): 500 to 150000 in multiples of 500 Maximum Number of claim in a policy period: Maximum Number of claim in a Policy Year:	
	Optional Cover 23: New Vehicle Replacement	Cover Opted: Comprehensive (Includes Theft) / Standard (Excludes Theft) Co-Payment Opted: 0% / 5% /10% /15% /20%/25%/30%	
ADD ON Cover Details:			
*Previous Insurer		*Previous Policy No	
*Details of Pre-Existing Damages			
Nominee Details			
*IMT – Endorsements			
*Other Endorsements			
Previous Latest Insurer Name / Policy No / Policy Expiry Date			
*Premium Payment Details	Receipt No		Cheque No / NEFT Details
	Date		Date
Important Notice			
<p>1. NCB Declaration: 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. Break in Insurance: 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/IV) 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. PUC Declaration: 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. Pre-existing Damages: 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. *Cheque dishonor / Non-receipt of payment: 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. Violation of Motor Vehicle Act: 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>			
* Indicates optional fields			

For & On Behalf of Go Digit General Insurance Ltd.

Consolidated stamp Duty paid

Authorized Signatory

vide Receipt No: XX dated DDMMYYY

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'.

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