



## Digit Two-Wheeler Package Policy

### Proposal/Transcript Form

UIN: IRDAN158RP0006V01201718

Go Digit General Insurance Ltd

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 you are in doubt, you can get in touch with your agent/intermediary or call us at **1800-258-5956** or e-mail at **hello@godigit.com**

| *For Partner Use Only: |                  |  |
|------------------------|------------------|--|
| Partner Code           | Sub Partner Code | Partner Name                                   |
| 1000158                | --               | POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED |

### Personal Details

|               |   |  |                       |
|---------------|---|--|-----------------------|
| Proposer Name | NITISH ANAND  | Date of Birth  | --                    |
| Address       | CO Neelam Mishra Near Vipin Au#tomobile Road No 23,C Rajiv Nagar Ghurdor Road Patna 24,Patna-800024 | Pincode  | 800027                |
| Profession    | --  | Driving license issue year   | --                    |
| Mobile Number | xxxxxxxx7191  | Email Id   | axxxxxxxxx3@gxxxl.com |
| PAN           |   | UIDAI NO   |                       |
| GST Number    | Unregistered  | Are you an existing Go Digit General Insurance Ltd. Customer (Digit): Yes / No. If yes, please mention the Policy No | --                    |

### Vehicle Details

|   |                   |                            |            |
|---|-------------------|----------------------------|------------|
| Registration No                             | BR01CZ3173        | Make                       | HONDA      |
| Date of Registration                        | 2016              | Model                      | ACTIVA 125 |
| Chassis No                                  | ME4JF493HG8255824 | Vehicle variant (sub type) | DLX        |
| Engine No                                   | JF49E81299080     | Fuel Type                  | Petrol     |
| Year of Manufacture                         | --                | Cubic Capacity             | 125        |
| *Finance Details                            |                   | *KM (Odometer) reading     | --         |
| *Vehicle modified for Physically Challenged | --                |                            |            |

### IDV Details

| Year   | Vehicle IDV (Rs.) | *Non-Electrical Accessories IDV (Rs.) | *Electrical / Electronic Accessories IDV (Rs.) | Total IDV (Rs.) | Sum Insured for PA Owner Driver Cover |
|--------|-------------------|---------------------------------------|--|-----------------|---------------------------------------|
| Year 1 | 35333             | 0                                     | 0  | 35333           | --                                    |

|        |   |   |   |   |    |
|--------|---|---|---|---|----|
| Year 2 | 0 | 0 | 0 | 0 | -- |
| Year 3 | 0 | 0 | 0 | 0 | -- |
| Year 4 | 0 | 0 | 0 | 0 | -- |
| Year 5 | 0 | 0 | 0 | 0 | -- |

## Risk Coverage Details

|   |                             |             |          |                      |    |
|---|-----------------------------|-------------|----------|----------------------|----|
| Policy Period For Own Damage cover and Add On(s) if opted | From                        | 16-Sep-2021 | 00:00:01 | Voluntary Deductible | 0  |
|   | To                          | 15-Sep-2022 | 23:59:59 | Endorsement opted    | -- |
| Policy Period for Third Party Liability                   | From                        | 16-Sep-2021 | 00:00:01 |                      |    |
|   | To                          | 15-Sep-2022 | 23:59:59 |                      |    |
| Policy Period for PA Owner Driver Cover                   | From                        | --          | --       |                      |    |
|   | To                          | --          | --       |                      |    |
|   | --                          |             |          |                      |    |
| Coverage  | Package                     |             |          |                      |    |
| *Add on covers  | Consumable Cover            |             | No       |                      |    |
|   | Parts Depreciation Protect  |             | No       | --                   |    |
|   |                             |             |          | --                   |    |
|   |                             |             |          | --                   |    |
|   | Engine and Gear Box Protect |             | No       |                      |    |
|   | Tyre Protect                |             | No       |                      |    |
|   | Breakdown Assistance        |             | No       | --                   |    |
|   | Return to Invoice           |             | No       | --                   |    |
|   |                             |             |          | --                   |    |
|   | Daily Conveyance Benefit    |             | No       | --                   |    |
| --  |                             |             |          |                      |    |
| --  |                             |             |          |                      |    |
| --  |                             |             |          |                      |    |

|   |    |                |    |
|---|----|----------------|----|
| Details of the Nominee for Personal Accident Cover for Owner-Driver |    |                |    |
| Name  |    | Relation       |    |
| Age   |    | Appointee Name | -- |
| Appointee relation  | -- |                |    |

## Vehicle Usage And Repair Information

|  |   |
|--|---|
| Estimated Usage of the Vehicle During the Year                       | Upto 5000 Km<br>Between 5001 & 10000 Km<br>Between 10001 & 15000 Km<br>Above 15000 Km |
| In the Event of Claim, where would You Prefer to Repair Your Vehicle | Any Workshop<br>Digit Recommended Workshop Only                                       |

## Previous Insurer Details

|                             |  |           |          |
|-----------------------------|--|-----------|----------|
| Company Name                | IFFCO Tokio General Insurance Co. Ltd. | Policy No | MF711428 |
| Policy Expiry Date          | 15-Sep-2021                            | NCB %     | 45       |
| No of claims & claim amount | --                                     |           |          |

## Premium and Payment Details

|                                     |             |
|-------------------------------------|-------------|
| Cheque No/NEFT Ref No               | PB38131074  |
| Bank Name                           |             |
| Date                                | 13-Sep-2021 |
| Amount (Including applicable taxes) | 896.09      |

## 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/We hereby affirmatively warrant that the Assured named herein/owner of the vehicle insured holds a valid Pollution Under Control (PUC) 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 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 undertake to inform the Company in case of change on account of addition of CNG/PNG kit and ensure endorsement in my policy.
- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents Yes

**Date:** 13-Sep-2021

**This proposal form has been electronically accepted**

"By submitting your contact number and email ID, you authorize Go Digit General Insurance (Digit Insurance) to call, send SMS, messages over internet-based messaging application like WhatsApp and email and offer you information and services for the product(s) you have opted for as well as other products/services offered by Digit Insurance. Please note that such authorization will be over and above any registration of the contact number on TRAI's NDNC registry."

## 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.** Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Bengaluru Retail Business Centre, Atlantis No 95 4th B Cross Road 5th Block Koramangala Industrial layout, Bangalore, Karnataka, PIN-560095 . Website: [www.godigit.com](http://www.godigit.com)