

in Case of any query/assistance, please call us on 08062689351 / 07827215763 or write to us on support@briskassist.in

Tax Invoice : INV-2526000069

Name of the Service provider : BRISK ASSIST

This is to certify that vehicle with the following details is covered under Assistance Programm,as per the details defined under benefits, term and condition of the program.

| Certificate     |                  | Vehicle         |                     | Payment Detail |  |
|-----------------|------------------|-----------------|---------------------|----------------|--|
| Certificate No  | TW19122500000069 | Registration No | TYU66456            | Plan Price     | 206.78                                 |
| Plan Name       | TWHRN30K3S244    | Make            | HONDA               | IGST 18 %      | 37.22                                  |
| Start date      | 19/12/2025       | Model           | DIO 125 SMART OBD2B | Total Price    | 244.00                                 |
| End Date        | 18/12/2026       | Engine No       | JK36EG1192322       | In Words       | Rupees Two Hundred And Forty Four Only |
| Place of Supply | KARNATAKA        | Chassis No      | MD626DG56S2H08333   |                |  |

| Customer Details |              |                |     |       |           |
|------------------|--------------|----------------|-----|-------|-----------|
| Full Name        | KARTHI KEYAN | Address Line 1 | 1 3 | City  | CHENNAI   |
| Mobile No        | XXXXXXX045   | Address Line 2 | 5 6 | State | KARNATAKA |

| Sr No | Service                                 | Description   | Scope        |
|-------|---|---|--------------|
| 1     | Complementary Personal Accidental Cover |   | Yes          |
| 2     | Doctor Consultation                     | YES   | Yes          |
| 3     | Ambulance Referral                      | YES   | Yes          |
| 4     | Hospital Appointment                    | YES   | Yes          |
| 5     | Medicine Delivery Assistance            | YES   | Yes          |
| 6     | Locating nearest police station         | YES   | Yes          |
| 7     | 24*7 Response Centre                    | YES   | Yes          |
| 8     | Proposed No of Services                 | 3   | 3            |
| 9     | Coverage Radius                         | G to G  | 40 km G to G |
| 10    | Towing of Vehicle on breakdown/accident | When a Covered Vehicle experiences an immobilising breakdown caused by a mechanical, electrical, or accident that cannot be fixed right away, Brisk Assist will help arrange for the Vehicle to be towed to the closest Authorised Service Center using tow trucks in the cities and corresponding covered areas, if available.   | Yes          |
| 11    | Alternate Battery And Jump Start        | Battery jump start assistance at breakdown site.  | Yes          |
| 12    | Tyre Change                             | When a flat tyre causes the Covered Vehicle to become immobile, Brisk Assist will help the customer by setting up for a vehicle expert to replace the flat tyre with the Vehicle's spare stepney tyre at the breakdown site. The provider's labour costs as well as round-trip transportation expenses will be covered by Brisk Assist Private limited. The Customer is responsible for paying for any materials or spare parts needed to repair the vehicle, including changing a flat spare stepney tyre. The flat tyre will be taken to the closest flat tyre repair shop for repairs and re-attachment to the vehicle if the covered vehicle does not have a spare tyre. The customer is responsible for covering any additional costs. | Yes          |
| 13    | Breakdown support                       | Brisk Assist will help the customer by making arrangements for a vehicle specialist to travel to the breakdown location if the Covered Vehicle breaks down due to a minor mechanical, electrical, or accident and urgent repair on the spot is judged viable within the scope of services. The cost of labour and transportation will be covered by Brisk Assist Private Limited. The customer will be responsible for covering any incidental transportation costs as well as the cost of material and spare components if they are needed to repair the vehicle on the spot.  | Yes          |

#### Term and Condition

**City Tax and Other Charges:** Insured bears all tolls and municipal taxes for inter-city/state towing.. **Adverse Weather:** Service may be delayed in severe weather; priority is occupant safety.. **Coverage:** Roadside assistance covers emergency repairs, not regular maintenance.. **Program Start Date:** Coverage starts 7 days post-purchase.. **Program End Date:** Coverage lasts 12 months from start date.. **Un-located or Unattended Vehicle:** Services can't be rendered if vehicle location isn't provided or attended.. **Covered Vehicle is off road:** Special equipment costs not covered for off-road recoveries.. **Accidental cases:** Services begin only after legal clearance from authorities.. **Special Conditions (applicable to all coverage):** Customer bears part/fuel/extra service costs not covered; service active post-payment..



Authorized Signatory  
BRISK ASSIST PRIVATE LIMITED



## Insurance Details

|                                     |  |                                       |                                |
|-------------------------------------|--|---------------------------------------|--------------------------------|
| Master Policy No:                   | 46010042250100000229                                   | Certificate No:                       | TW19122500000069               |
| Name of Master Policy Holder:       | BRISK ASSIST PRIVATE LIMITED                           | Period of Insurance:                  | From: 19/12/2025 To 18/12/2026 |
| Name of Nominee:                    | FERNANDO   | Relationship of nominee with insured: | Brother                        |
| Nominee Gender:                     | Male   | Branch Code :                         |                                |
| Insured Gender                      | Male   | Insured DOB :                         | 19/12/2002                     |
| Master Policy Period of Insurance : | From :21/09/2025 12:00:01 AM To 20/09/2026 11:59:59 PM |                                       |                                |

Rs.15,00,000/- (Accidental Death and Permanent Total Disability). Cover is valid only while the insured is driving the vehicle covered under the Road Side Assistance plan mentioned above or accompanied the vehicle covered under the Road Side Assistance plan mentioned above as a passenger.

### Restriction of Coverage

Accidental Death:  
It is strictly restricted to Death due to accident, while the owner of vehicle driving the vehicle or accompanied the vehicle as a passenger

Permanent Total Disability:-  
It is strictly restricted to Disability due to accident, while the owner of the vehicle driving the vehicle or accompanied the vehicle as a passenger.

Coverage is applicable to persons with age up to 80 years.

### Coverage in Brief

If the Insured person meets with an accident and sustains any bodily injury during the policy period which directly and independently of all other causes result in death / permanent total disablement within 12 months from the date of accident resulting solely and directly from accident then the company shall pay to the insured the sum set in the schedule to the insureds persons nominee, beneficiary or legal representative.

Accidental Death:  
100 % of cumulative Sum Insured(CSI).

Permanent Total Disability:-

- Loss of Two Limbs/ Two Eyes or One Limb and One Eye: 100% of CSI
- Loss of One Limb or One Eye : 50% of CSI
- Permanent Total Disablement from Injuries other than those named above: 100% of CSI Compensation will be paid either under Accidental Death or under Permanent Total Disability and in no case, compensation will be paid under both the heads. Please refer to policy for detail information on Policy coverage.

Compensation will be paid either under Accidental Death or under Permanent Total Disability and in no case, compensation will be paid under both the heads.

Please refer to policy for detail information on Policy coverage

### Exclusions in Brief

- War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection Herewith.
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
- The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component or nuclear weapons material.
- Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft
- Participation in any kind of motor speed contest (including trial, training and qualifying heats)
- This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of - Biological or chemical contamination, Missiles, bombs, grenades, explosives
- Services on duty with any Armed forces
- Intentional self injury, suicide, or attempted suicide
- venereal diseases, aids or insanity
- Whilst under the influence of Alcohol or intoxicating liquor or drugs
- Medical or surgical treatment
- Whilst committing any breach of law with criminal intent
- Child birth, pregnancy or other physical cause peculiar to the female sex

Please refer to policy for detail information on exclusions and other terms and conditions.

## Claims Process/Documentation

Upon happening of any accident and/or injury which may give rise to a claim under this policy:

- You shall give the notice to our call center immediately and also intimate in writing to our policy issuing office. In case of Death, written notice also of Death must, unless reasonable cause is shown, be given before interment / cremation and in any case, within one calendar month after the Death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
- All certificates, information and evidence from a Medical Practitioner or otherwise required by us shall be provided by you.
- On receipt of intimation from you regarding a claim under the policy, we are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- Following documents shall be required in the event of a claim For Death:
- Policy Copy
- Duly filled up claims form
- Original Death Certificate or Death Certificate-Notarized/Attested by a gazette officer, if applicable
- Original F.I.R or F.I.R-Notarized/Attested by a Gazetted officer
- Police Final chargesheet/Court Final order - Notarized/attested by a Gazetted Officer-if applicable
- Spot Panchama and Police Inquest report - Notarized/Attested by a gazette officer, if applicable
- Post Mortem Report-Notarized/Attested by a Gazetted officer, if concluded
- Viscera Analysis Report/Chemical analysis report/Forensic Science Lab report notarized/Attested by gazette officer, if applicable
- Other Document as per Case details Complete medical records including Death Summary; if hospitalized, Website Links/Newspaper cuttings, Other references
- If claim amount is more than 1 lakh, AML Documents-Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
- Cancel Cheque with NEFT Mandate form-duly filled in by the claimant and bank Any other document as required by the Company to investigate the Claim or Our obligation to make payment for

1) In respect of fatal claims, the payment is to be made to the assignee named under the policy. If there is no assignee, the payment is made to the legal representative as identified by Will / Probate / Letter of Administration/ Succession Certificate.

2) Where the above documents are not available, the following procedure may be followed: -

- An affidavit from the Claimant(s) that he / she(they) is (are) the legal heir(s) of the deceased
- An affidavit from other near family members and relatives of the deceased that they have no objection if the claim amount is paid to the claimant(s)

For Permanent Total disablement/Permanent Partial Disablement

- Policy Copy
- Duly filled up claims form
- Attending Doctors Report
- Copy of medical records including Investigation/ Lab Reports (X Ray, MRI etc.)
- Original FIR, Panchnama, Police Report where applicable
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability
- If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
- Cancel Cheque with NEFT Mandate form - duly filled in by the claimant and bank
- Any other document as required by the Company to investigate the Claim or Our obligation to make payment for