

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy/ Clause Number												
1	Product Name	Standalone Motor Protect OD Two Wheeler Policy	NA												
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN132RPMT0002V02201920	NA												
3	Structure	Indemnity	NA												
4	Interests Insured	Two Wheeler insured	NA												
5	Sum Insured / Motor Insured Declared Value Scope	<<INR XXXX>> (SI as per Policy Schedule)	NA												
6	Policy Coverage	Loss or damage to your Vehicle due to <ul style="list-style-type: none">• Social perils like Burglary, House-breaking or theft, Riot, Strike, Terrorism, Malicious activity• Natural perils like Storm, cyclone, Flood, inundation, hurricane, tempest, hailstorm, frost, Earthquake (Fire and Shock), Rockslide, landslide• Accident External means• Fire, Explosion, self-ignition or lightening• While in transit by road, rail or inland waterway, air lift, elevator	Section I												
7	Add-on Cover	<table><tr><td colspan="2"><<<</td></tr><tr><td>Name of Add-on</td><td>Limit of Sum Insured</td></tr><tr><td>Additional Towing Charges IRDAN132RPMT0002V02201920/A001 9V02201920</td><td>Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >></td></tr><tr><td>Roadside Assistance IRDAN132RPMT0002V02201920/A002 0V02201920</td><td><< INR XXXX >></td></tr><tr><td>Daily Cash Benefit/Inconvenience Allowance IRDAN132RPMT0002V02201920/A002 1V02201920</td><td><< INR XXXX >></td></tr><tr><td>Hospital Cash Cover IRDAN132RPMT0002V02201920/A002 2V02201920</td><td><< INR XXXX >></td></tr></table>	<<<		Name of Add-on	Limit of Sum Insured	Additional Towing Charges IRDAN132RPMT0002V02201920/A001 9V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>	Roadside Assistance IRDAN132RPMT0002V02201920/A002 0V02201920	<< INR XXXX >>	Daily Cash Benefit/Inconvenience Allowance IRDAN132RPMT0002V02201920/A002 1V02201920	<< INR XXXX >>	Hospital Cash Cover IRDAN132RPMT0002V02201920/A002 2V02201920	<< INR XXXX >>	NA
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		Increased Property Damage Liability Benefit IRDAN132RPMT0002V02201920/A002 3V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Loan Protector IRDAN132RPMT0002V02201920/A002 4V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Loss Of Driving License/ Registration Certificate IRDAN132RPMT0002V02201920/A002 5V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Loss Of Personal Belongings IRDAN132RPMT0002V02201920/A002 6V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Personal Accident Cover IRDAN132RPMT0002V02201920/A002 7V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Zero Depreciation Cover IRDAN132RPMT0002V02201920/A002 8V02201920	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Consumable Cover IRDAN132RPMT0002V02201920/A002 9V02201920	<< INR XXXX >>
		Return to Invoice IRDAN132RPMT0002V02201920/A003 0V02201920	Up to Original Invoice Amount << INR XXXX >>
		Engine & Gear Box Protector IRDAN132RPMT0002V02201920/A011 3V01202425	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>
		Tyre Protection IRDAN132RPMT0002V02201920/A011 4V01202425	Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >>

		<div>EMI cover IRDAN132RPMT0002V02201920/A011 5V01202425</div> <div>Battery Guard IRDAN132RPMT0002V02201920/A011 6V01202425</div> <div>>>> Disclaimer: Only Opted Add-ons will Reflect here >>></div>	<div><< INR XXXX >></div> <div>Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >></div>										
8	Loss Participation	<div>Compulsory deductible is a mandatory deductible applicable in every claim</div> <div>Voluntary deductible is the extra amount you choose to pay yourself when you make a claim, on top of the compulsory deductible. By picking a voluntary deductible, the insurance premium gets reduced.</div> <div>Compulsory Deductible – << INR XXXX >> Voluntary Deductible - << INR XXXX >></div> <div>Deductible Illustration</div> <table><tr><th>Description</th><th>Amount (INR)</th></tr><tr><td>Insurance liability Amount (A)</td><td>10,000</td></tr><tr><td>Compulsory Excess(B)</td><td>1000</td></tr><tr><td>Voluntary Excess(C)</td><td>5000</td></tr><tr><td>Payable Insurance amount (D= A-B-C)</td><td>4,000</td></tr></table>	Description	Amount (INR)	Insurance liability Amount (A)	10,000	Compulsory Excess(B)	1000	Voluntary Excess(C)	5000	Payable Insurance amount (D= A-B-C)	4,000	Deductible
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9	Exclusions	<div>The Company shall not be liable under this Policy in respect of</div> <div>1. any accidental loss or damage and/or liability caused sustained or incurred outside the geographic area;</div> <div>2. any claim arising out of any contractual liability;</div> <div>3. any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is</div> <div> a) being used otherwise than in accordance with the 'Limitations as to Use'</div> <div> or</div> <div> b) being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.</div> <div>4. (a) Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising from or any consequential loss.</div>	General Exceptions										

		<p>any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.</p> <p>5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</p> <p>6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.</p> <p>Refer policy wordings for complete details on exclusion</p>	
10.	Special Conditions and Warranties (if any)	<p><<< As per the Schedule >>></p> <p>All the damages existing on the vehicle prior to the inception of the policy are not covered.</p>	NA
11.	Admissibility of Claim	<ul style="list-style-type: none"> Mention the broad principle of admissibility / denial of claims <p>The admissibility of a claim depends on below factors:</p> <ul style="list-style-type: none"> Policy Coverage: The incident must be covered under the insurance policy. Prompt Intimation: The claim must be reported promptly. Full Disclosure: All relevant information related to the claim must be shared. Document Submission: All required documents related to the claim must be submitted. Policy Terms and Conditions: The claim must comply with the terms and conditions of the policy. <p>The claims which fall under the exclusion, special conditions and warranties, mis representation of facts and fraud will not be admissible</p>	NA

		<p>Reporting of loss: The loss shall be reported immediately [Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence]</p> <ul style="list-style-type: none"> • Include a sample claim calculation process for retail products <p>Sample claim calculation with Zero depreciation add on cover</p> <table> <tr> <th>Description</th><th>Assessed Amount</th><th>Depreciation</th><th>Payable amount</th></tr> <tr> <td>Part amount</td><td>15000</td><td>0</td><td>15000</td></tr> <tr> <td>Labour amount</td><td>8000</td><td>0</td><td>8000</td></tr> <tr> <td colspan="3">Total</td><td>23000</td></tr> <tr> <td colspan="3">Compulsory deductible</td><td>1000</td></tr> <tr> <td colspan="3">Voluntary Deductible</td><td>5000</td></tr> <tr> <td colspan="3">Net Payable</td><td>17000</td></tr> </table> <p>Note: Amount in INR</p> <p>Sample claim calculation without Zero depreciation add on cover</p> <table> <tr> <th>Description</th><th>Assessed Amount</th><th>Depreciation</th><th>Payable amount</th></tr> <tr> <td>Part amount</td><td>15000</td><td>7500</td><td>7500</td></tr> <tr> <td>Labour amount</td><td>8000</td><td>0</td><td>8000</td></tr> <tr> <td colspan="3">Total</td><td>15500</td></tr> <tr> <td colspan="3">Compulsory deductible</td><td>1000</td></tr> <tr> <td colspan="3">Voluntary Deductible</td><td>5000</td></tr> <tr> <td colspan="3">Net Payable</td><td>9500</td></tr> </table> <p>Note: Amount in INR Depreciation of 50% considered on parts</p>	Description	Assessed Amount	Depreciation	Payable amount	Part amount	15000	0	15000	Labour amount	8000	0	8000	Total			23000	Compulsory deductible			1000	Voluntary Deductible			5000	Net Payable			17000	Description	Assessed Amount	Depreciation	Payable amount	Part amount	15000	7500	7500	Labour amount	8000	0	8000	Total			15500	Compulsory deductible			1000	Voluntary Deductible			5000	Net Payable			9500	
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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> • Toll free / IVRS number: 1800 220 233 / 1860-500-3333 / 022-67837800 • Website: https://generalicentralinsurance.com • Claim Form: https://generalicentralinsurance.com/customer-service/downloads • Email: gcicare@generalicentral.com 	NA																																																								

		<ul style="list-style-type: none"> Details of designated company officials to be contacted in time of claim – <<< Branch Policy - Branch Manager & Policy Servicing Office address and contact details For example – <i>Branch Manager</i> <i>Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode:380008.</i> <i>Phone: +91 079-25464166 >>></i> <<<Direct Policy – Grievance Redressal Officer, Ph: +91-79001 97777 Email: gccicare@generalicentral.com & GCI GRO@generalicentral.com , Address: Generali Central Insurance Company Limited., Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400 083>>> The policy covers only Third-Party liability claims which are directly filed before the MACT (Motor Accident claims Tribunal) and the liability is decided by the tribunals. 	
13	Grievance Redressal and Policyholders Protection	<ul style="list-style-type: none"> State the brief details of Protection of Policyholder's Interest - https://generalicentralinsurance.com/policies Details of Grievance Redressal Officer of the Insurer - GCIcare@generalicentral.com Bima Bharosa Portal - bimabharosa.irdai.gov.in Ombudsman - https://www.cioins.co.in/Ombudsman 	NA
14	Obligations of the Policyholder	<ul style="list-style-type: none"> To disclose all information correctly sought by the insurer at time of filling the proposal form In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately Non-disclosure of material information may affect the claim settlement. 	NA

Declaration by the Policyholder.

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)
 (Authorized Signatory, where policyholder is a juridical person)
 (Stamp of the legal entity)

Note:

1. Website link for documents: - <https://generalicentralinsurance.com/customer-service/downloads>
2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132



| **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email**
ID: gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800