



**Customer Information Sheet**

**COCORide Two-Wheeler Package Policy Add on Covers- DHFL General Insurance**

S. No.	Title	Description
1	Product Name	COCORide Two-Wheeler Package Policy Add on Covers-DHFL General Insurance
2	What am I covered for	<p><b>In Addition to coverage available under DIGIRide Two Wheeler Package Policy following add on covers are offered.</b></p> <p><b>1. Zero Dep Cover</b> (UIN: IRDAN155RP0001V01201819/A0039V01201819)- It covers amount of depreciation deducted on replacement of any damaged part/s and paint in an admissible own damage claim under Section- I of the Policy. The benefit will be limited to number of claims and deductible mentioned in the schedule.</p> <p><b>2. New Vehicle for Old Vehicle</b> (UIN: IRDAN155RP0001V01201819/A0032V01201819)- Over and above Insured Declared Value(IDV), it provides difference between IDV and Invoice value of the new vehicle in case of Total Loss and Theft claim. Invoice means: Ex showroom + Road Tax + Registration expenses.</p> <p><b>3.NCB (No Claim Bonus) Secure</b> (UIN: IRDAN155RP0001V01201819/A0031V01201819)- It protects NCB slab mentioned in the policy schedule if only one claim is reported during the policy period provided claim is not for Theft &amp; Total Loss. However, even in case of Theft of vehicle, protection will be available provided a new vehicle is purchased and insured with us within 90 days of settlement of claim.</p> <p><b>4. Consumable Expenses</b> (UIN:IRDAN155RP0001V01201819/A0004V01201819) – It covers cost of consumables required to be replaced/replenished that are part of admissible Own Damage claim.</p> <p><b>5. Road Side Assistance</b> (UIN: IRDAN155RP0001V01201819/A0034V01201819)- Provides assistance in case of breakdown/accident of vehicle, Tyre Puncture, Battery discharge etc. through a service provider.</p> <p><b>6. Engine Protector</b> (UIN: IRDAN155RP0001V01201819/A0033V01201819)- Covers loss or damage to Engine and transmission parts due to ingress of water or engine seizure due to loss of liquids by external impact.</p> <p><b>7.Accidental Hospitalisation</b> (UIN:IRDAN155RP0001V01201819/A0037V01201819)- Covers reimbursement</p>

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		<p>of hospitalisation expenses incurred by insured/pillion rider for treatment of bodily injury caused due to an accident to the vehicle subject to a valid Own Damage claim for the vehicle up to the sum insured mentioned in the policy.</p> <p><b>8. Hospi Cash</b> (UIN: IRDAN155RP0001V01201819/A0038V01201819) – If insured/pillion rider suffer injury caused by an accident to the insured vehicle leading to hospitalisation, it provides fixed amount for each day of hospitalisation per person up to the seating capacity for a period up to 5 days. Payment of this benefit is subject to a valid Own Damage claim for the vehicle and hospitalisation above 3 days.</p> <p><b>9. Enhanced Owner Personal Accident</b> (UIN: IRDAN155RP0001V01201819/A0035V01201819)- It provides additional Personal Accident benefit for Owner up to the sum insured specified in the schedule for accidental death and permanent disability/loss of body parts due to an accident involving the insured vehicle.</p> <p><b>10. Enhanced Pillion Rider Personal Accident</b> (UIN: IRDAN155RP0001V01201819/A0036V01201819) – It provides additional Personal accident benefit for Pillion Rider of vehicle up to the sum insured specified in the schedule for accidental death and permanent disability/loss of body parts due to an accident involving vehicle insured.</p> <p><b>11. EMI Protector</b> (UIN: IRDAN155RP0001V01201819/A0040V01201819)– It provides Onetime payment of EMI/s of insured vehicle if insured is hospitalised for more than 7 days due to an accident involving insured vehicle and there is a valid and admissible claim under the policy as per following eligibility criteria.</p> <table data-bbox="497 1310 1085 1422"> <tr> <td>08<sup>th</sup> Day of Hospitalisation</td> <td>1<sup>st</sup> EMI</td> </tr> <tr> <td>After 1 month of Hospitalisation</td> <td>2<sup>nd</sup> EMI</td> </tr> <tr> <td>After 2 month of Hospitalisation</td> <td>3<sup>rd</sup> EMI.</td> </tr> </table> <p><b>12. Outstanding Loan Protector</b> (UIN:IRDAN155RP0001V01201819/A0005V01201819)- It provides for payment of outstanding loan on the insured vehicle, if an injury resulting due to the accident of the insured vehicle, within six calendar months of the occurrence leads to Insured's</p> <ol style="list-style-type: none"> <li>1. Death</li> <li>2. Loss of two limbs or sight of two eyes or one limb and sight of one eye</li> <li>3. Permanent Total Disablement from injuries other than named above.</li> </ol>	08 <sup>th</sup> Day of Hospitalisation	1 <sup>st</sup> EMI	After 1 month of Hospitalisation	2 <sup>nd</sup> EMI	After 2 month of Hospitalisation	3 <sup>rd</sup> EMI.
08 <sup>th</sup> Day of Hospitalisation	1 <sup>st</sup> EMI							
After 1 month of Hospitalisation	2 <sup>nd</sup> EMI							
After 2 month of Hospitalisation	3 <sup>rd</sup> EMI.							
3	<p><b>What are the major Exclusions in the policy:</b></p>	<p><b>1. Zero Dep cover</b> a) Deductible as mentioned in the policy schedule.</p> <p><b>2. Consumable Cover</b></p>						

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		<p>a) Any consumable not associated with admissible Own Damage claim under section I (Own Damage) of the policy. b) Any consumables that are related to wear and tear and not directly related to claim.</p> <p><b>3.Engine Protector</b> a) Any consequential loss, wear and tear, mechanical &amp; electrical failure and parts falling under warranty. b) Loss or damage due to corrosion of engine or parts thereof due to delay in intimation. c) Depreciation on parts unless zero dep cover is opted.</p> <p><b>4.Enhanced Owner Personal Accident</b> a) intentional self-injury, suicide or attempted suicide, physical defect or infirmity or b) owner driving the vehicle under the influence of intoxicating liquor or drugs.</p> <p><b>5.Enhanced Pillion Rider Personal Accident</b> a) intentional self-injury, suicide or attempted suicide, physical defect or infirmity or b) Driver/pillion of the vehicle under the influence of intoxicating liquor or drugs.</p> <p><b>6.Accidental hospitalisation</b> a) Any expenses related to a sickness, disease, medical disorder not directly consequential to the accident, b) Any expenses towards psychosomatic disorders of any kind, whether caused or accentuated by accident or otherwise. c) Any expenses, if the treatment is started after 10 days from the date of Accident unless verified and certified by the medical practitioner. d) Any expense arising or resulting from or traceable to intentional self-injury, suicide or attempted suicide,. e) Any expense of a person driving the vehicle arising or resulting from or traceable to an accident happening whilst such person is under the influence of intoxicating liquor or drugs.</p> <p><b>7.Hospi Cash</b> a) If Hospitalisation does not exceed 3 days.</p> <p><b>8.EMI Protector</b> a) Any penalty, interest, charges levied due to default in payment by financier.</p> <p><b>9. Outstanding Loan Protector</b> a) Any penalty, interest, charges levied due to default in payment by financier.</p>
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		<p><b>10. Road Side Assistance</b></p> <p>a) Act of God (including exceptional adverse weather conditions), earthquake, fire</p> <p>b) Loss of or damage to luggage or other personal effects that might occur during the services performance.</p> <p>c) Vehicles used for the purpose of racing, rallying, motor-sports.</p> <p>d) Routine repairs/services at user's home or other location.</p> <p>e) Consequential damages arising out of repair on the spot/ towing or any other road side assistance services.</p> <p>f) Any event not stated in coverages.</p> <p><i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy document for the full listing)</i></p>
4	Claims	<p><b><u>Claim Notification &amp; Registration:</u></b></p> <p>Notify or submit a claim by following way;</p> <ul style="list-style-type: none"> <li>• By calling Toll Free 18001230004OR</li> <li>• By sending an E Mail to mycare@dhflinsurance.com OR</li> <li>• Through Customer Portal on website www.dhflinsurance.com OR</li> <li>• Directly walk into branch</li> </ul> <p>While notifying the claim, following information should be provided:</p> <ul style="list-style-type: none"> <li>• Name of insured</li> <li>• Insured contact numbers</li> <li>• Policy number</li> <li>• Date and time of loss</li> <li>• Location of loss</li> <li>• Nature and approximate extent of loss</li> <li>• Place and contact details of the person at the loss location</li> </ul> <p><b><u>After Notification &amp; Registration:</u></b></p> <p><b><u>Own Damage Claims:</u></b></p> <p>You are advised to shift your vehicle to any of our network garage to avail "cashless" facility. Alternatively, you may shift your vehicle to any garage of your choice to avail claim as "Reimbursement".</p> <p>Survey will be conducted before you carry out the repair by the surveyor at the garage. Please refer policy for details regarding survey process.</p> <p>The Company has option to repair, reinstate or replace the vehicle or part thereof and/or its accessories or may pay in cash the amount of the loss or damage and the liability of the Company shall not exceed:</p> <p>(a) for total loss / constructive total loss of the vehicle - the Insured's Declared</p>

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	<p>Value (IDV) of the vehicle (including accessories thereon) as specified in the Schedule less the value of the wreck.</p> <p>(b) for partial losses, i.e. losses other than Total Loss/Constructive Total Loss of the vehicle - actual and reasonable costs of repair and/or replacement of parts lost/damaged subject to depreciation as per limits specified (Not applicable if add on cover is opted for covering depreciation) and any other applicable add on cover.</p> <p>Following are the documents that will be needed for survey and processing of Own Damage claim:</p> <ul style="list-style-type: none"> <li>• Claim Form completely filled and duly signed by Insured (CO's seal need to be affixed in case the insured is a Firm/Company)</li> <li>• Copy of Registration Certificate (original for verification)</li> <li>• Copy of Motor Driving License of the person driving the vehicle at the time of accident (original for verification)</li> <li>• Police Report / Panchnama (In case of Partial Theft / Third Party property damage / Death / Body Injury / Damage due to Riot, Strike and Malicious act)</li> <li>• KYC documents (Address Proof as per policy &amp; ID proof) if claim amount exceeds Rs.1 lakh.</li> <li>• Cancelled Cheque (CTS complied) or Filled NEFT Mandate form for online transfer of claim payment. (For reimbursement claims only).</li> </ul> <p><b><u>Own Damage Claim Settlement:</u></b></p> <ol style="list-style-type: none"> <li>1. After receipt of all relevant claim document, surveyor will assess the loss and issue work order.</li> <li>2. The surveyor may conduct re-inspection once repairs are completed.</li> <li>3. DHFL GI will issue a Claim Amount Confirmation (CAC) on receipt of original/proforma repairing bill.</li> <li>4. You can take the delivery of your vehicle by paying your share in claim and/or amount towards any non-accidental work. While taking delivery of your vehicle, submit Satisfaction letter signed by you (CO's seal need to be affixed in case the insured is a Firm/Company) to garage.</li> </ol> <p>We will release claim payment within 7 working days after receipt of all claim document.</p> <p><b><u>Personal Accident Claims:</u></b> Claims will be settled post receipt of necessary documents. We will require following documents to process your claim. You may provide the same to enable us to promptly settle your claim.</p>
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		<p><b><u>Documents for Personal Accident Claims</u></b></p> <ul style="list-style-type: none"> <li>• Policy copy</li> <li>• Certificate of from government hospital doctor confirming the nature and degree of disability</li> <li>• Discharge summary of the treating hospital clearly indicating the Hospital Registration No.</li> <li>• Diagnostic reports</li> <li>• FIR / Panchnama– (if Notified to Police) Attested or Original</li> <li>• Final Police Report- (if applicable)</li> <li>• Death Certificate*</li> <li>• Post Mortem report*</li> <li>• Legal Heir certificate /nominee certificate*</li> </ul> <p><b><u>(Marked with * are required only in death claims)</u></b></p> <p>The list of documents furnished herein is illustrative but not exhaustive. We may request you to provide more documents depending upon the nature of loss and circumstances.</p> <p>Please also refer policy for detail documentation requirement.</p>
5	Policy Servicing / Grievances/Complaints	<p><b><u>Grievance Redressal Procedure:</u></b></p> <p>At DHFL General Insurance, we want your relationship with insurance to soar beyond what you’ve experienced yet. To understand, appreciate, and enjoy insurance—we’re here for you.</p> <p>You can connect with us on the following channels.</p> <ol style="list-style-type: none"> <li>Call us on our Toll Free 1800 123 0004 (From 8 am to 8 pm) for any queries that you may have!</li> <li>Email your queries to <a href="mailto:mycare@dhflinsurance.com">mycare@dhflinsurance.com</a>.</li> <li>For Senior Citizens, we have a special cell and our Senior Citizen Customers can email us at <a href="mailto:seniorcare@dhflinsurance.com">seniorcare@dhflinsurance.com</a> for priority resolution</li> <li>Visit our website <a href="http://www.dhflinsurance.com">www.dhflinsurance.com</a> to register your policy related requests.</li> <li>Please walk in to any of our branches or partner locations</li> <li>You can also dispatch your letters to us at:</li> </ol> <p style="text-align: center;"><b>DHFL General Insurance Ltd.</b> 2nd Floor, DHFL House, 19, Sahar Road, (Off Western Express Highway), Ville Parle (East), Mumbai Maharashtra – 400099</p> <p>We request you to please mention your complete details:</p> <ul style="list-style-type: none"> <li>• Full Name</li> </ul>

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		<ul style="list-style-type: none"> <li>• Policy Number</li> <li>• Contact Details</li> </ul> <p>in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.</p> <p>We'll ensure to acknowledge your service request within 3 working days and try and resolve it to your satisfaction within 15 working days. That's a promise!</p> <p><b>Escalation</b>  <u>Level 1:</u> While we attempt to give you best-in-class and prompt resolution for any concerns, sometimes it may not be perfect. If you feel that you weren't offered a perfect resolution, please feel free to share your feedback with our Manager Customer Experience team at <a href="mailto:Manager.CustomerExperience@dhflinsurance.com">Manager.CustomerExperience@dhflinsurance.com</a>  <u>Level 2:</u>          If you still are not happy about the resolution provided, then you may please write to our Head Customer Experience and Grievance Redressal Officer at <a href="mailto:Head.CustomerExperience@dhflinsurance.com">Head.CustomerExperience@dhflinsurance.com</a>.          If your concern remains unresolved after having followed the above escalation procedure, then you may please approach the Insurance Ombudsman for Redressal.          OMBUDSMAN AND ADDRESSES: Refer the below link  <a href="http://www.gbic.co.in/ombudsman.html">http://www.gbic.co.in/ombudsman.html</a></p>
6	<b>Insured's Rights</b>	Insured may renew the policy by paying the premium as and when policy is due for renewal provided insurer has not declined renewal on grounds of fraud, mis-representation, non-disclosure and non-cooperation.
7	<b>Insured's Obligations</b>	<p>The Insured Person must disclose all material facts about the risk. Non-disclosure of material fact may prejudice liability under the policy.</p> <p>Material Fact means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.</p>
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>		

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