



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

### **POLICY WORDINGS**

#### **Definitions:**

- i. We, Us, Our, Ourselves- means DHFL GENERAL INSURANCE LTD.
- ii. You, Your, Yourself - means or refers to the person or persons or entity described as Insured.
- iii. Occupant means - any non-fare paying passenger seating on the vehicle with insured's consent.
- iv. Paid Driver means - any person with effective and valid driving license in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989 and employed as a driver by insured to drive the vehicle.
- v. Constructive Total Loss - A vehicle will be a Constructive Total Loss (CTL), where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceeds 75% of the IDV.
- vii. Injury - means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
- vii. Policy Period - The period stated in the schedule during which the policy is valid and operative.
- viii. Hospital / Nursing Home - means any institution established for In-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishment (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act.
- ix. Ambulance - means a motor vehicle registered as an Ambulance.
- x. Authorized workshop / Garage /Service Station - A motor vehicle repair workshop / garage /service station authorized by us.
- xi. In-patient Care - means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- xii. Medical Expenses - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of an Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person

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had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

- xiii. Outpatient (OPD) Treatment - means the one in which the Insured visits a Nursing Home/ Hospital for Diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- xiv. Accident or Accidental - means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- xv. Hospitalisation - means admission in a Hospital for a minimum of 24 consecutive "In patient care" hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

#### **01 - Zero Dep Cover (UIN: IRDAN155RP0003V01201819/A0041V01201819)**

This cover is applicable if it is shown on Your schedule.

##### **What is Covered:**

We will reimburse You the amount of depreciation deducted on replacement of any damaged part/s and paint under an own damage claim admissible under Section- I of the Policy subject to any deductible and limitation on number of claims mentioned in the policy schedule.

Subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

#### **02- New Vehicle for Old Vehicle (UIN: IRDAN155RP0003V01201819/A0029V01201819)**

This cover is applicable if it shown on your schedule.

##### **What is covered:**

We will pay the difference between the amount receivable under section 1(Own Damage) of the policy and the invoice price of the new vehicle of same make and model in the event of valid and admissible Total Loss/ Constructive total loss (CTL) or Theft claim under the policy.

If exactly same make/model/variant is discontinued our liability will be limited to the shortfall with respect to the last available invoice price of the insured vehicle immediately before discontinuation.

Invoice price: means Ex-showroom price of the vehicle and includes registration charges, all taxes including road tax as mentioned in the invoice but excluding cost of insurance.

Special conditions applicable to this benefit:

- You are the first registered owner of the vehicle. This condition is waived for employer to employee transfer cases where there is no change in actual user of the vehicle.

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- Cover is not applicable for imported vehicles i.e. where invoice is not generated in India.
- Cost of any non-built in electrical/electronic and non-electrical/electronic accessories including bi-fuel kit forming part of the invoice but not insured under section 1 (Own Damage) of the policy will not be covered.
- The finance company/bank who has financed the vehicle gives his consent for settlement of claim under this coverage.
- The company reserves the right to either pay or provide you brand new vehicle of same specification.

Subject otherwise to terms, conditions, limitations and exceptions of the policy.

### **03-Consumable Expenses (UIN: IRDAN155RP0003V01201819/A0028V01201819)**

This cover is applicable if it is shown on your schedule.

#### **What is covered**

We will cover cost of consumables required to be replaced/ replenished arising from an accident to the insured vehicle subject to valid and admissible claim under section I (own damage) of the policy.

Consumable shall include Oil/lubricants, filters, coolant, fasteners, bearings, and items of similar nature excluding fuel.

#### **What is not covered**

1. Any consumable not associated with admissible Own Damage claim under section I (Own Damage) of the policy.
2. Any consumables that are related to wear and tear and not directly related to claim.

### **04 - Engine Protector (UIN: IRDAN155RP0003V01201819/A0030V01201819)**

This cover is applicable if it is shown on your schedule.

#### **What is covered:**

We will pay You repair and replacement expenses for loss or damage to internal parts of the Engine, Gear box or Transmission including lubricating oils/consumables\* used in the respective assembly provided loss or damage is due to ingress of water in the engine or due to leakage of lubricating oil and/or coolant from Engine/respective assembly caused by accidental external impact.

\*Consumable means material, which is used up and needs continuous replenishment such as engine oil, gear box oil etc. but excluding fuel.

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**What is not covered:**

- 1) Any consequential loss, wear and tear, mechanical & electrical failure and parts falling under warranty.
- 2) Loss or damage due to corrosion of engine or parts thereof due to delay in intimation.
- 3) Depreciation unless Depreciation Reimbursement cover is opted by You.

Special Condition: Claim under this cover will be admissible only if

1. In case of water damage, there is evidence of vehicle being submerged or stopped in a water-logged area.
2. Vehicle is transported/towed to garage within 2 (Two) days of water receding from the water-logged area.
3. You have taken all reasonable steps, safeguards and precautions to avoid any loss or damage and prevent aggravation of loss once the loss or damage to the vehicle is sustained and noticed by You.
4. Vehicle is repaired in company's authorised garage.

Subject otherwise to terms, conditions, limitations and exceptions of the policy.

**05 - Accidental Hospitalisation (UIN: IRDAN155RP0003V01201819/A0006V01201819)**

This cover is applicable if it is shown on Your schedule.

**What is covered:**

We will pay for medical expenses incurred by You/Driver/Pillion Rider for In Patient /Out Patient treatment of bodily injury sustained by You/Driver/Pillion Rider, caused by an accident to the insured vehicle leading to treatment in a Hospital/Nursing Home provided own damage claim is valid and admissible under section I (Own Damage) of the policy. Ambulance charges incurred by you for hiring an Ambulance for shifting from the site of the accident to the Hospital/Nursing Home is also covered. We will pay upto the sum insured mentioned in the schedule during the policy period.

You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information that We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of notice of claim to us. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

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**What is not Covered:**

- Any expenses related to a sickness, disease or medical disorder not directly consequential to the accident.
- Any expenses towards psychosomatic disorders of any kind, whether caused or accentuated by accident or otherwise.
- Any expenses, if the treatment is started after 10 days from the date of Accident. unless verified and certified by the medical practitioner.
- Amount more than the sum-insured mentioned in the schedule during the policy period.
- Any expense arising or resulting from or traceable to intentional self-injury, suicide or attempted suicide,.
- Any expense of 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.
- Any expense not supported by an original and valid bill / receipt and related prescription of the attending Medical Practitioner.

Subject otherwise to the terms exceptions condition & limitations of the policy.

**06- Hospi Cash (UIN: IRDAN155RP0003V01201819/A0042V01201819)**

This cover is applicable if it is shown on Your schedule.

**What is Covered:**

In the event of You/Driver/Pillion Rider suffer from an accidental injury involving the insured vehicle leading to hospitalization as an inpatient, we will pay the amount as mentioned in the schedule per person for each day of Hospitalisation for a maximum period of 5 days from the date of hospitalization provided own damage claim is valid and admissible under section I (Own Damage) of the policy and duration of hospitalization exceeds 3 days. (Example: If you have been hospitalised for 5 days or more then you will get this benefit for 5 days but in case, you are hospitalised for 3 days or less then you will not get this benefit at all.)

Our liability to pay will be limited to persons as per registered seating capacity of the insured vehicle.

Subject otherwise to terms, conditions, limitations and exceptions of the policy.

**07- Enhanced Owner Personal Accident (UIN: IRDAN155RP0003V01201819/A0026V01201819)**

This cover is applicable if it is shown on Your schedule.

**What is covered:**

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We will pay compensation for defined bodily injury on the scale provided below sustained by You in direct connection with the vehicle insured or whilst mounting and dismounting from or driving or travelling in the insured vehicle and caused by violent, accidental, external and visible means which independently of any other cause shall within six calendar months of the occurrence of such injury result in: -

<b>Details of Injury</b>	<b>Scale of Compensation</b>
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss of one limb or sight of one eye	50%
iv) Permanent Total Disablement from injuries other than named above	100%

Provided always that

- We shall pay under only one of the items (i) to (iv) above in respect of any such person, arising out of any one occurrence in addition to maximum limit of liability covered under Section III of the policy and total liability of the insurer shall not in the aggregate exceed the amount stated in the schedule during any one policy Period.
- You are the registered owner of the insured vehicle and named in the policy as insured.
- such compensation shall be payable directly to You or Your legal representatives whose receipt shall be the full discharge in respect of the injury to You.
- in case You were driving the vehicle, you must hold an effective driving license, in accordance with the provisions of Rule 3 of the Central Vehicles Rules, 1989, at the time of the accident.
- not more than persons/passengers specified in the registration certificate were in the vehicle at the time of occurrence of such injury.
- Written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after actual or potential loss begins.
- In case of damage to the vehicle arising out of the same accident claim under section 1 (Own Damage) of the policy must be valid and admissible.
- You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information that We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of notice of claim to us. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

**Documentation:**

- Duly Completed and signed Claim Form

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- Attested copy of Death Certificate in case of death.
- Medical report from attending specialist doctor including Death Summary in case of hospitalization.
- Attested copy of disability certificate from the specialist treating doctor stating percentage of disability.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Complete medical records/reports including investigation /Lab reports (X-Ray, MRI etc.) in case of disability claim.
- Attested copy of Post Mortem Report (only if conducted).
- Any other document(s) as requested by Claims Department which is/are relevant to the coverage under the policy.
- If claim amount > 1 Lakh, KYC Documents such as Pan Card Copy, Address Proof, one Passport color photo of claimant.
- We, at Our own expense, shall have the right and opportunity of Your medical examination through Our appointed agents whose details will be notified to You when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to arrange for a post mortem examination report, if conducted, on Your body as permitted by law. Your or Your estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.

**What is not covered:**

We shall not pay any compensation in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to

- a) intentional self-injury suicide or attempted suicide physical defect or infirmity or
- b) owner driver driving the vehicle is under the influence of intoxicating liquor or drugs.

Subject otherwise to the terms exceptions condition & limitations of the policy.

**08 - Enhanced Pillion Rider Personal Accident (UIN: IRDAN155RP0003V01201819/A0027V01201819)**

The cover is applicable only if its shown in your schedule.

**What is covered:**

We will pay compensation for defined bodily injury on the scale provided below sustained by any unnamed pillion rider in direct connection with the vehicle insured or whilst mounting into/onto

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and/or dismounting from or travelling in the insured vehicle and caused by violent, accidental external and visible means which independently of any other cause shall within three calendar months of the occurrence of such injury result in: -

<b>Details of Injury</b>	<b>Scale of Compensation</b>
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss of one limb or sight of one eye	50%
iv) Permanent Total Disablement from injuries other than named above	100%

Provided always that

- We shall pay under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the amount stated in the schedule during the Policy Period.
- The compensation is limited to only person/s riding the vehicle as pillion rider up to the seating capacity mentioned in Registration Certificate.
- Such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be the full discharge in respect of the injury of such person.
- Not more than persons registered to travel in the vehicle were in the vehicle at the time of occurrence of such injury.
- Written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after actual or potential loss begins.
- In case of damage to the vehicle arising out of the same accident claim under section 1 (Own Damage) of the policy must be valid and admissible.
- You/Pillion Rider or someone claiming on Your/their behalf shall provide Us with all documentation, medical records and information that We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of notice of claim to us. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

**Documentation:**

- Duly Completed and signed Claim Form
- Attested copy of Death Certificate in case of death.

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- Medical report from attending specialist doctor including Death Summary in case of hospitalization.
- Attested copy of disability certificate from the specialist treating doctor stating percentage of disability.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Complete medical records/reports including investigation /Lab reports (X-Ray, MRI etc.) in case of disability claim.
- Attested copy of Post Mortem Report (only if conducted).
- Any other document(s) as requested by Claims Department which is/are relevant to the coverage under the policy.
- If claim amount > 1 Lakh, KYC Documents such as Pan Card Copy, Address Proof, one Passport color photo of claimant.
- We, at Our own expense, shall have the right and opportunity of pillion medical examination through Our appointed agents whose details will be notified when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to arrange for a post mortem examination report, if conducted, on pillion's body as permitted by law. Pillion or Pillion estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.

**What is not covered:**

We shall not pay any compensation in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from traceable to

- a) Intentional self-injury suicide or attempted suicide physical defect or infirmity or
- b) An accident happening whilst driver/pillion is under the influence of intoxicating liquor or drugs.

Subject otherwise to the terms exceptions condition & limitations of the policy.

**9. EMI Protector (UIN: IRDAN155RP0003V01201819/A0043V01201819)**

The cover is applicable only if its shown in your schedule.

If Your insured vehicle has been financed by any financial institution and You were driving or travelling in the insured vehicle, We will pay upto 3(three) Equated Monthly Installment (EMI) in the event insured vehicle meets with an accident during the policy period caused by violent, accidental, external and visible means and You sustain injury which independently of any other cause results in Your Hospitalisation for more than 07 days.

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**Condition:**

1. We will pay subject to claim in respect of damage to the vehicle being admissible under section I (Own Damage) of the policy.
2. We will pay not exceeding the outstanding loan or sum insured shown in the policy schedule.
3. This would be a onetime payment at the end of the continuous period of hospitalisation for which claim has been made and is admissible under the policy. We will be liable to pay total EMI's as per the following table.

08 <sup>th</sup> Day of Hospitalisation	1 <sup>st</sup> EMI
After 1 month of Hospitalisation	2 <sup>nd</sup> EMI
After 2 months of Hospitalisation	3 <sup>rd</sup> EMI.

4. You are paying the EMI on a Regular basis i.e. the payment of EMI to the Bank/Financial Institution from whom the loan has been availed without any defaults and/or any penalties and/or interest and /or miscellaneous charges. We will not pay any penalties and/or interest and /or miscellaneous charges levied by Bank/Financial institution for any default in payment.
5. You will submit Sanction letter and Repayment Track Record or Bank account statement or Loan Account Statement reflecting EMI.

**EMI** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured Person as mentioned in the amortization chart in the loan agreement (or any amendments thereto) between the Financial Institution and the Insured prior to the date of occurrence of the Insured Event under this Policy. For avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

**10- Outstanding Loan Protector (UIN: IRDAN155RP0003V01201819/A0044V01201819)**

This cover is applicable if it is shown on your schedule.

**Scope of Cover**

We will pay outstanding loan amount to financier, as mentioned in registration certificate, in the event insured vehicle meets with an accident during the policy period caused by violent, accidental, external and visible means and You sustain injury which independently of any other cause shall within six calendar months of the occurrence of such injury results in Your

1. Death
2. Loss of two limbs or sight of two eyes or one limb and sight of one eye
3. Permanent Total Disablement from injuries other than named above

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Permanent Total disability means You are unable to engage in each and every occupation or employment You own for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life.

**Condition:**

1. Own damage claim for the same incident is admissible under section 1 of the policy.
2. Insured should be first owner of the vehicle.
3. In case of Total Loss, we will pay to the financier only if loan remains outstanding after payment of admissible claim amount under section I (Own Damage) of the policy.
4. You are paying the EMI on a Regular basis i.e. the payment of EMI to the Bank/Financial Institution from whom the loan has been availed without any defaults and/or any penalties and/or interest and /or miscellaneous charges. We will not pay any penalties and/or interest and /or miscellaneous charges levied by Bank/Financial institution for any default in payment.
5. We will pay not exceeding the outstanding loan or sum insured shown in the policy schedule.

**Definition:**

Outstanding Loan for claim payment shall mean the amount outstanding (without any penalties/interest/miscellaneous charges) as on the date of occurrence of covered contingencies (under scope of cover).

**11. Road Side Assistance (UIN: IRDAN155RP0003V01201819/A0023V01201819)**

This cover is applicable if it is shown on Your schedule.

We will provide you the following emergency assistance services during the Policy Period through our network garages or service providers, provided that the services will be provided on best effort basis in an area where we have our presence through our network garages or through the network of our service providers.

We shall be liable for only up to four assistance services claim during the Policy Period.

**Following are the services that are offered:**

**1. Repair and Towing Assistance Service for Flat Tyre**

In the event insured Vehicle is immobilized due to a flat tyre, you will get the assistance of a vehicle technician to replace the flat tyre with the spare Stepney tyre of the Vehicle at the location of breakdown. In case the spare tyre is not available in the insured Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs & re-attached to the Vehicle. All incidental charges for transporting the tyre to the repair shop and its repair cost shall be borne by you.

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## 2. Repair on the spot

In the event insured Vehicle breaks down due to a minor mechanical / electrical fault making it immobile and immediate repair on the spot is deemed possible, you will get the assistance of a vehicle technician for repairing the breakdown at the location of breakdown. Cost of Material & Spare Parts, if required, to repair the vehicle on the spot and any other incidental conveyance to obtain such material & spare parts will be borne by you.

## 3. Fuel Support (Emergency Fuel Delivery)

In the event insured Vehicle runs out of fuel and hence is immobilized, you will get the assistance of emergency fuel (up to 5 litres on a chargeable basis) at the location of breakdown.

## 4. Spare Key Retrieval / Service for Keys Locked Inside

If the keys of the insured vehicle are broken, lost or misplaced, and in case you need and request to arrange for another set from your place of residence the same will be arranged after receiving the requisite authorizations from you with regards to the person designated to hand over the same to you provided the distance between the two locations are less than 50 kms. You may be requested to submit an identity proof at the time of delivery of the keys. However, if the distance between the two locations (residence & place where the keys are required) are more than 50 kms the keys will be sent by courier. Alternatively, in case the keys are lost the vehicle shall be towed to a nearest safe place.

## 5. Emergency Towing Assistance

### a) In case of Break-down:

In the event insured Vehicle suffers an immobilizing break down due to a mechanical or electrical fault which cannot be repaired on the spot, you will get the assistance in towing the vehicle to the nearest garage, using the best available towing mechanism, within a radius of 100 Kms. from the location of the breakdown. In case the towing distance exceeds the mentioned limit, you will be informed of the expected additional costs, which will need to be paid by you to the vendor at the vendor's actual rates.

### b) In case of an Accident:

In the event insured Vehicle suffers an immobilizing break down due to an accident, you will get the assistance in towing the vehicle to the nearest garage, using the appropriate towing mechanism within a radius of 100 Kms. from the location of the breakdown. In case the towing distance exceeds the mentioned limit, you will be informed of the expected additional costs, which will need to be paid by you to the vendor at the vendor's actual rates.

c) Towing in case of incorrect Fuelling - In the event of the Insured vehicle being immobilized due to incorrect fuelling, you will get assistance in making the arrangement for vehicle to be towed to nearest garage using the appropriate towing mechanism within a radius of 100 km's from the location of

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breakdown. In case the towing distance exceeds the mentioned limit, you will be informed of the expected additional costs, which will need to be paid by you.

#### 6. Breakdown support over phone

In the event insured vehicle is immobilized due to a breakdown you will be assisted over phone and try to resolve the problem then & there.

#### 7. Facilitate finding closest dealer

In case of specific request received from you about providing the contact details of the nearest dealer the same will be provided to you.

#### 8. Customer conference calling:

For seamless & speedy services, a conference call (wherever required) between the insured, the assistance provider and ourselves will be arranged. You will be kept updated on the progress of intervention.

#### 9. Concierge Services:

##### a) SMS Relays/Emergency Message Service

In the event of breakdown or accident to your insured vehicle under our policy your urgent messages will be relayed to a person of your choice.

##### b) Continuation / Return Journey (Taxi Support)

In the event the insured vehicle is immobilized, outside the municipal/corporation limits of your home city, and the vehicle cannot be repaired the same day, we shall, make arrangement for a hired car/ taxi on your request. All expenses will be borne by you.

##### c) Hotel Accommodation:

In the event insured vehicle is immobilized and cannot be repaired the same day, you will get the assistance in organizing for Hotel accommodation near the location of the event. You will have to bear the cost of stay and you will be informed of the amount to be paid in advance directly to the Hotel and we will pay the amount if opted and shown in the policy schedule.

##### d) Ambulance Arrangement:

In the event the insured vehicle is immobilized, outside the Municipal / corporation limits of your home city, you will get assistance and arrangement for an ambulance, if required. You will have to bear the cost related to this service and will be paid directly to vendor.

##### e) Medical Co-ordination:

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In case of specific request received from you about providing the contact details of the name, address, telephone number of physician, hospitals, clinic, dentist and dental clinics the same shall be provided. However, the quality of medical services of the referred service providers cannot be guaranteed.

**Important Note:** You will not be required to pay for labour cost and round-trip conveyance costs of the service provider except cost of material/spare parts and conveyance/transportation cost to obtain them if required, to repair the Vehicle and any other cost specifically mentioned in the above services.

We will make our best effort to provide you various services within 3 hours of reporting. Further, If your insured vehicle is immobilized due to breakdown, and is eligible for services, but as a rare chance, you do not get the eligible assistance as mentioned above, you will be reimbursed the costs incurred for towing the insured Vehicle to the nearest garage not exceeding Rs.2000/- per event for towing or Rs.250/- per event for other services. To qualify for reimbursement, you must have called the toll-free number and obtained an authorization, prior to availing external service and must provide necessary documents justifying the event and the actual costs borne. However, in case you were unable to contact us due to failure on the part of the call centre, the same will also be considered as provided above.

**Geographical territory:**

These services are available on National highways, state highways and motorable roads of cities within mainland India.

**Limitations:**

1 The Services will be provided on a best effort basis, subject to regulations in force locally.

2 The services would not be provided under following conditions:

Acts of God (including exceptional adverse weather conditions), earthquake, fire (not caused by the negligence of either party), war (declared or undeclared), invasion, rebellion, revolt, riot (other than among employees of either party), civil commotion, civil war, acts of terrorism, nuclear fission, strike, act(s) of omission/ commission by any concerned, Government(s), or government agencies, judicial or quasi-judicial authorities.

3 Loss of or damage to luggage or other personal effects that might occur during the services performance.

4 Vehicles should not be used for the purpose of racing, rallying, motor-sports, or in any instance where the Vehicle is not being used /driven in accordance with applicable laws and regulations.

5 Not covered events: Any service not-covered here, if provided shall be at your own expense.

6 Load carried in the vehicle such as boats, motor vehicles, gliders, or animals (horses, cattle...), merchandise, perishable goods, research and scientific equipment, building equipment, furniture, etc. shall not be transported.

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7. This Emergency service is available when the Covered Vehicles suffers a breakdown while riding. It is not available for routine repairs/services at user's home or other location.

8. We/Vendor will not be accountable, responsible or liable for consequential damages arising out of repair on the spot/ towing or any other road side assistance services.

#### **Procedure for Receiving Services:**

##### **Entitlement:**

In order to entitle the relevant Users to the Services, the insured Vehicle must be immobilised within the Covered geographical territory. A vehicle is considered as immobilised as long as it cannot be driven as a result of a breakdown or an accident. However, the state of being out of use for maintenance or repair purposes is not considered as immobilisation.

##### **Procedure:**

- Contact us/service provider on Toll Free number mentioned in your policy immediately on any incident.
- Get the prior approval before taking any initiative or incurring any expenses.
- Comply with the solutions recommended.
- Take all reasonable measures to limit and prevent possible consequences of the Breakdown.
- Provide Us your / user beneficiary Information.

#### **Claims Procedure (Other than Road Side Assistance):**

We all take precautions to avert accidents however in the event of any unfortunate accident be rest assured of complete assistance from us.

It is very convenient to get in touch with us by calling our Toll-Free Helpline on **18001230004**. Alternatively, one can reach us by using Mobile Application OR Customer Portal at our Website [www.dhflinsurance.com](http://www.dhflinsurance.com) OR by sending an e-mail at [mycare@dhflinsurance.com](mailto:mycare@dhflinsurance.com).

Intimation of claim to us, immediately on occurrence, will ensure prompt and effective assistance.

While registering the claim, the following information will help us serve you better:

- Your contact numbers
- Policy number
- Name of insured
- Date and time of loss
- Location of loss
- Nature and approximate extent of loss
- Place and contact details of the person at the loss location

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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”.

Apart from “Claim Form” We will require following documents depending on the nature of loss to process your claim. You may provide the same to enable us to promptly settle your claim.

### **For Accident/Theft Claims**

- Proof of insurance – Policy copy
- Copy of Registration Book, Tax Receipt [original for verification & return]
- Copy of Motor Driving License of the person driving the vehicle at the time of accident (original for verification)
- Police Panchanama /FIR (In case of Third Party property damage /Death / Body Injury)
- Estimate for repairs if available
- Repair Bills/Invoices and payment receipts after the job is completed

### **Additional documents for Theft Claims**

- Original Policy document
- Original Registration Book/Certificate and Tax Payment Receipt
- All the sets of keys/Service Booklet/Warranty Card/Original
- Purchase Invoice
- Police Panchanama/ FIR and Final Investigation Report/Non-Traceable Report.
- Acknowledged copy of letter addressed to RTO intimating theft and informing “NON-USE”
- Form 28, 29 and 30 signed by the you and Form 35 signed by the Financer/ transferred RC as applicable
- Letter of Subrogation
- NOC from the Financer if claim is to be paid to you

### **Documents for Hospitalisation Claims**

- Claim Form Duly Filled and Signed
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original *Hospital* Main Bill along with break up Bill and original receipts
- Original investigation reports, X Ray, MRI, CT films, HPE
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted).

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- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant

### **Documents for Personal Accident Claims**

- Policy copy
- Certificate of from government hospital doctor confirming the nature and degree of disability
- Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
- Diagnostic reports
- FIR / Panchanama– (if Notified to Police) Attested or Original
- Final Police Report- (if applicable)
- Death Certificate\*
- Post Mortem report\*
- Legal Heir certificate /nominee certificate\*

### **(Marked with \* are required only in death claims)**

The list of documents furnished herein below is illustrative but not exhaustive. We may request you to provide more documents depending upon the nature of loss and circumstances.

### **Grievance Redressal Procedure:**

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. You can connect with us on the following channels.

Call us on our Toll Free 1800 123 0004 (From 8 am to 8 pm) for any queries that you may have!

- a. Email your queries to [mycare@dhflinsurance.com](mailto:mycare@dhflinsurance.com).
- b. Visit our website [www.dhflinsurance.com](http://www.dhflinsurance.com) to register & track your queries.
- c. Please walk in to any of our branches or partner locations.
- d. You can also dispatch your letters to us at:

DHFL General Insurance Ltd.

2nd Floor, DHFL House,

19, Sahar Road, (Off Western Express Highway),

Ville Parle (East), Mumbai

Maharashtra – 400099

We request you to please mention your complete details: Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide

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you with the quickest possible solution.

We'll make sure 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!

### Escalation

**Level 1:** While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at [managercustomerexperience@dhflinsurance.com](mailto:managercustomerexperience@dhflinsurance.com)

### Level 2:

If you still are not happy about the resolution provided, then you may please write to our Head Customer Experience and Redressal Manager at [HeadCustomerExperience@dhflinsurance.com](mailto:HeadCustomerExperience@dhflinsurance.com)

If your concern remains unresolved after having followed the above escalation procedure, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

Contact details of Insurance Ombudsman are available at our website [www.dhflinsurance.com](http://www.dhflinsurance.com)

OMBUDSMAN AND ADDRESSES: Refer the below link

<http://ecoi.co.in/ombudsman.html>

### NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

S.No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<b>AHMEDABAD</b> Office of the Insurance Ombudsman. Jeevan Prakash Building, 6 <sup>th</sup> Floor, Tilak Marg, Relief Road, Ahmedabad- 380 001. Tel.: 079 - 25501201 / 02/05/06 <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">Email: bimalokpal.ahmedabad@ecoi.co.in</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu

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2	<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
3	<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	States of Madhya Pradesh and Chattisgarh.
4	<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	State of Orissa
5	<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

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	<a href="mailto:bimalokpal.chennai@ecoi.co.in">Email: bimalokpal.chennai@ecoi.co.in</a>	
<b>7</b>	<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 <a href="mailto:bimalokpal.delhi@ecoi.co.in">Email: bimalokpal.delhi@ecoi.co.in</a>	State of Delhi
<b>8</b>	<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 <a href="mailto:bimalokpal.guwahati@ecoi.co.in">Email: bimalokpal.guwahati@ecoi.co.in</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>9</b>	<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">Email: bimalokpal.hyderabad@ecoi.co.in</a>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry
<b>10</b>	<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363	State of Rajasthan

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	<a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Email: Bimalokpal.jaipur@ecoi.co.in</a>	
<b>11</b>	<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">Email: bimalokpal.ernakulam@ecoi.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>12</b>	<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 <a href="mailto:bimalokpal.kolkata@ecoi.co.in">Email: bimalokpal.kolkata@ecoi.co.in</a>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands
<b>13</b>	<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 <a href="mailto:bimalokpal.lucknow@ecoi.co.in">Email: bimalokpal.lucknow@ecoi.co.in</a>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulampur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.

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14	<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
15	<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	States of Bihar and Jharkhand
17	<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 32341320 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

**IRDAI Regulation No 17:** This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

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