



## POLICY WORDINGS

### COCODrive Private Car Package Policy Add ons Covers- DHFL General Insurance

#### 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 in the Schedule as the insured.
- iii. Occupant means - any non-fare paying passenger seating in 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.
- vi. 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 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. Accident or Accidental - means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

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- xiv. 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
- xv. 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.

### **01 - Zero Dep Cover (UIN: IRDAN155RP0002V01201819/A0007V01201819)**

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 – Hospi Cash (UIN: IRDAN155RP0002V01201819/A0020V01201819)**

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

#### What is Covered:

In the event of You/Occupants/Driver including Paid Driver 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.

### **03 - Daily Conveyance Allowance(UIN: IRDAN155RP0002V01201819/A0012V01201819)**

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

#### What is Covered:

We will pay You the amount as mentioned in the schedule per day to enable You to meet the cost of conveyance while Your vehicle is undergoing repair for damages caused by perils mentioned in section 1 (Own Damage) of the policy except those specified under What is not covered.

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The allowance would be payable for a maximum period of 15 days during the policy period. Reasonable time taken for repair in respect of damages not admissible under section 1 (Own Damage) of the policy (as agreed between You, surveyor & garage/workshop manager) would be excluded for computation of amount payable under this cover.

Your entitlement of Conveyance Allowance will start from the next calendar day of Your Vehicle reaching the garage for repair or the date you intimate the claim to us whichever is later and shall end on the day garage intimates You to take delivery of the Vehicle.

Illustration:

1. If your vehicle reaches garage on 1st May then Your entitlement will start from 2nd May.
2. If your vehicle reaches garage on 1st May but you intimate to us on 03rd May then Your entitlement will start from 4th May.

What is not Covered:

We will not pay if any or all of the following conditions apply:

1. If you are claiming only for windscreen or glass damage under section 1 (Own Damage) of the policy.
2. If Vehicle is not repaired at the Authorised Garage.
3. If claim under section 1 (Own Damage) is not valid and admissible.
4. If time required for repair of motor vehicle is up to 3 days.
5. If repair is delayed due to non-availability of spares then the number of days taken to procure the spares (as agreed between You, surveyor & garage/workshop manager) will not be considered for computation of amount payable under this cover.

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

**04 - New Car for Old Car (UIN: IRDAN155RP0002V01201819/A0011V01201819)**

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:

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- 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.
- 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 new vehicle of same specification.

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

### **05 – NCB (No Claim Bonus) Secure (UIN: IRDAN155RP0002V01201819/A0009V01201819)**

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

#### What is Covered

If Your vehicle is insured with us then We will allow you the same No claim bonus, as shown on Your schedule at the time of renewal with Us provided-

- Vehicle is claim free at least for preceding 2 consecutive years at the inception of the policy with us.
- Only 1 own damage claim is reported with us during the policy period and that claim is not a Total Loss(TL)/Constructive Total Loss (CTL)/Theft.
- The renewal of policy is done with Us within 90 days of expiry of the policy.

Special conditions applicable in addition to the general conditions:

- Any loss or damage only to the windscreen glass/rear glass/door glasses/sunroof glass will not be counted as claim under this cover.
- Partial theft of accessories/parts will not be counted as claim under this cover.
- In case of Theft of entire motor vehicle, if a new motor vehicle is purchased and insured with Us within 90 days of the final settlement of theft claim, in which case, we will allow same No claim bonus on New Motor vehicle as is shown in the schedule.

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

### **06-NCB Protector- Repair of Non-Metallic parts (UIN: IRDAN155RP0002V01201819/A0010V01201819)**

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

#### What is covered:

A claim for only Glass/plastic/rubber/fibre/fibre glass/Nylon parts where You opt for repairs rather than replacement, will not affect Your No Claim Bonus eligibility at the time of renewal with Us provided

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number of such claim does not exceed one and there is no other claim for damage to the vehicle during the policy period.

Special Condition:

If painting work is done without any repair associated with those parts, then You will not be entitled to any benefit under this cover.

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

**07–Personal Belonging Protector (UIN: IRDAN155RP0002V01201819/A0015V01201819)**

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

What is covered:

We will pay for the loss or damage to personal belongings of You or any other occupants of the vehicle caused by perils mentioned under section 1 (Own Damage) of the policy while they are in the insured vehicle.

Personal belonging means, items such as clothes and other articles of personal nature including but not limited to Mobile, Laptop, Audio/Video CD's, but excludes jewellery, money, securities, cheques, bank drafts, debit or credit cards, travel tickets, paintings, curios and items of similar nature.

We will pay up to the sum insured subject to per item limit mentioned in the policy schedule during the policy period.

Special Condition:

- FIR must be lodged with the Police by You or any other occupants in the event of theft, burglary, confirming the date and time of the incident and the particulars of articles lost. A copy of FIR must be provided to us.
- Any goods or samples carried in connections with any trade or business is not covered.
- Any claim under this section will be admissible only when there is a valid and admissible claim under section 1 (Own Damage) of the policy.

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

**08 - Emergency Transport & Hotel Stay (UIN: IRDAN155RP0002V01201819/A0016V01201819)**

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

What is covered:

If the insured vehicle has met with an accident and has become immobile then We will reimburse You the cost incurred by you on overnight stay in a hotel and/or travel expenses for you and occupants of the vehicle for returning to the place of residence or the nearest city You were travelling to.

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We will pay actual expenses up to the sum insured mentioned in the schedule during the policy period. Documentary proof of expenditure must be submitted for any claim under this cover.

Special Condition:

Any claim under this section will be admissible only when there is a valid and admissible claim under section 1 (Own Damage) of the policy.

Total number of occupants including driver should not exceed registered seating capacity of the vehicle.

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

**09-Key & Lock Replacement (UIN: IRDAN155RP0002V01201819/A0014V01201819)**

This cover is applicable if it shown on Your schedule.

What is covered:

If Your keys are lost/stolen or vehicle has been broken into then We will reimburse the cost of new lock and/or keys and labour charges not exceeding the sum insured as mentioned in your schedule.

Intimation to Police Station and to us must be provided within 48 hours of the occurrence of the incident leading to claim under this cover.

What is not covered:

We will not pay if key is lost or stolen while left in the vehicle.

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

**10-Engine Protector (UIN: IRDAN155RP0002V01201819/A0013V01201819)**

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, Transmission or Differential assembly 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.

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.

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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.

Deductible: Deductible as stated in the schedule will apply for each claim reported under the policy.

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

**11 - Consumable Expenses(UIN: IRDAN155RP0002V01201819/A0008V01201819)**

This cover is applicable if it 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 is excluded.

**12 - Accidental Hospitalisation (UIN: IRDAN155RP0002V01201819/A0019V01201819)**

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

What is covered:

We will pay for medical expenses incurred for In Patient /Out Patient treatment of bodily injury sustained by You, Occupants, the person driving the vehicle including paid driver 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 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 policy period.

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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:

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

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 expense not supported by an original bill / receipt and related prescription of the attending Medical Practitioner.
  - 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.

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

**13-Enhanced Owner Personal Accident (UIN: IRDAN155RP0002V01201819/A0025V01201819)**

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

What is covered:

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 into 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: -

<u>Details of Injury</u>	<u>Scale of Compensation</u>
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%

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.

Provided always that

- 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.
- not more than persons/passengers specified in the registration certificate were in the vehicle at the time of occurrence of such injury.
- 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.
- 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 section1 (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
- 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 size 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 under the influence of intoxicating liquor or drugs.

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

**14-Enhanced Occupant Personal Accident (UIN: IRDAN155RP0002V01201819/A0017V01201819)**

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 Occupant 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 three calendar months of the occurrence of such injury result in:-

<u>Details of Injury</u>	<u>Scale of Compensation</u>
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%

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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.

- Such compensation shall be payable only with Your approval and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
- not more than persons/passengers specified in the registration certificate were in the vehicle at the time of occurrence of such injury. The compensation is limited to number of occupants up to the seating capacity of the vehicle.
- Subject to such person holding an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of the accident in case such person was driving the insured vehicle.
- In case of damage to the vehicle arising out of the same accident claim under section1 (Own Damage) of the policy must be valid and admissible.
- 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.
- You, occupant or someone claiming on Occupant's 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.
- 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 size color photo of claimant.

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- 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 traceable to

- a) intentional self-injury suicide or attempted suicide physical defect or infirmity or
- b) driver/occupants of vehicle are under the influence of intoxicating liquor or drugs.

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

**15. EMI Protector (UIN: IRDAN155RP0002V01201819/A0021V01201819)**

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 Instalment (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.

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 not pay exceeding the outstanding loan or sum insured shown in the policy schedule.
3. 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 penalty and / or interest and / or miscellaneous charges levied by Bank/Financial institution for any default in payment.
4. You will submit Sanction letter and Repayment Track Record or Bank account statement or Loan Account Statement reflecting EMI.
5. 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.

08th Day of Hospitalisation	1 EMI
After 1 month of Hospitalisation	2nd EMI

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After 2 months of Hospitalisation

3rd 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.

### **16. Outstanding Loan Protector (UIN: IRDAN155RP0002V01201819/A0022V01201819)**

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

#### What is covered:

We will pay outstanding loan amount to financier, as mentioned in the 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

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.

#### Special 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. In case of Total Loss, we will pay to financier only if loan remains outstanding after payment of admissible claim amount under section I (Own Damage) of the policy.
3. Insured should be first owner of the vehicle.
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.
5. We will pay not exceeding the outstanding loan or sum insured shown in the policy schedule.

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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).

#### **17. Enhanced Paid Driver Personal Accident (UIN: IRDAN155RP0002V01201819/A0018V01201819)**

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

##### What is covered:

We will pay compensation for defined bodily injury on the scale provided below sustained by Your paid driver 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: -

<u>Details of Injury</u>	<u>Scale of Compensation</u>
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 cover opted under policy and total liability of the insurer shall not in the aggregate exceed the amount stated in the schedule during any one policy Period.

- Such compensation shall be payable only with Your approval and directly to the Paid Driver or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
- Your Paid Driver 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.
- 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, Your Paid Driver or any of his representative 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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#### Documentation:

- Duly Completed and signed Claim Form.
- 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 size colour photo of claimant.
- We, at Our own expense, shall have the right and opportunity of medical examination of your paid driver 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) paid driver driving the vehicle is under the influence of intoxicating liquor or drugs.

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

#### **18 Tyre Replacement (UIN: IRDAN155RP0002V01201819/A0024V01201819)**

This cover is applicable if it shown on your schedule.

#### What is covered

We will cover the cost of replacement of Tyre(s) in the event loss or damage is caused by Perils covered in Section 1 of the policy unless specifically excluded.

#### **Option I:**

We will pay on the basis of unused tread depth of respective tyres.

- Unused tread depth of <3 mm – NIL (Considered as normal wear and tear and is not covered)

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- Unused tread depth of > 3 to < 3.9 mm - 20% of cost of new tyre
- Unused tread depth of > 4 to < 4.9 mm - 40% of cost of new tyre
- Unused tread depth of > 5 to < 5.9 mm - 60% of cost of new tyre
- Unused tread depth of > 6 to < 6.9 mm - 85% of cost of new tyre
- Unused tread depth of > 7 to 8 mm - 100% of cost of new tyre

Unused Tread depth will be measured at the centre of the tread. Minimum 4 measurements at 4 various places will be taken for arriving at mean tread depth which will be the basis of indemnity under the coverage.

#### **Option II:**

We will pay for the replacement cost of new tyre without any deduction for depreciation.

#### Special Condition:

1. Whenever replacement of tyre will be allowed it will be of the same make and specification and if tyre of similar specification is not available and replaced tyre is superior to damaged tyre then We will not be liable for betterment charges. Maximum of 4 (four) replacements will be allowed during the Policy Period.
2. If damage to tyre is due to the accidental damage to the insured vehicle covered under "Own Damage" section of the policy. Our liability under this cover will be restricted to the difference of depreciation percentage applied under "Own Damage" section and as mentioned above basis the unused tread depth.
3. If You make a fraudulent claim which is declined as per para 9 of "What We will not cover", coverage under this section shall cease with immediate effect for the entire policy period.
4. If during the Policy Period any tyre is replaced for any reason for which claim is not preferred under the coverage, cover on new tyre would not be available unless details of new tyre are informed to Us.
5. All claims must be made within 3 working days of damage.
6. You must take all reasonable steps to avoid loss or damage to tyre(s). You must not continue to drive the vehicle after any damage or incident if this could cause further damage to tyre(s).

#### What is not covered

1. loss or damage arising out of natural wear and tear including unevenly worn tyres caused by defective steering geometry outside manufacturer's recommended limits or wheel balance, failure of suspension component, wheel bearing or shock absorber.
2. any loss or damage within first 15 days of inception of the policy.
3. loss or damage to wheel accessories, any other parts.
4. if the tyre(s) being claimed is different from tyre(s) insured/supplied as original equipment along with the vehicle unless informed to us and mentioned/endorsed on the policy.
5. loss or damage arising out of modifications not approved by manufacturer.
6. loss or damage resulting from hard driving due to race, rally or illegal activities.
7. loss or damage resulting from poor workmanship while repair.

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8. any loss or damage resulting into total loss of the vehicle.
9. fraudulent act committed by insured or the workshop or any person entrusted possession of the vehicle by insured.
10. any consequential loss or damage such as but not limited to noises, vibrations and sensations that do not affect tyre function or performance.
11. loss or damage due to neglect of periodic maintenance as specified by manufacturer.
12. loss or damage arising out of any manufacturing defect or design.
13. Theft of tyre(s) or its parts accessories without vehicle being stolen or theft of entire vehicle.
14. Tyre(s) with scratches, minor cuts, noise and vibrations that do not affect product function or performance
15. Any loss or damage to tyre that results from running of the vehicle with deflated tyre(s).

Special Condition:

1. If You make a fraudulent claim which is declined as per para 9 of “What We will not cover”, coverage under this section shall cease with immediate effect for the entire policy period.
2. If during the Policy Period any tyre is replaced for any reason for which claim is not preferred under the coverage, cover on new tyre would not be available unless details of new tyre are informed to Us.
3. All claims must be made within 3 working days of damage.
4. You must take all reasonable steps to avoid loss or damage to tyre(s). You must not continue to drive the vehicle after any damage or incident if this could cause further damage to tyre(s).

**19- Depreciation Cover- Specified Limit (UIN: IRDAN155RP0002V01201819/A0045V01201819)**

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 up to the sum insured mentioned in the policy schedule.

Sum insured mentioned in the schedule is the maximum limit available under this benefit for the entire policy period. Any claim paid under this benefit will reduce the sum insured to the extent of claim amount.

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

Special Condition:

Our liability will be limited to the sum insured mentioned in the schedule irrespective of number of claims in the policy.

Any unutilised sum insured under this benefit will not get carried forward if the policy is renewed with us.

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### **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.

- a. Call us on our Toll Free 1800 123 0004 (From 8 am to 8 pm) for any queries that you may have!
- b. Email your queries to [mycare@dhflinsurance.com](mailto:mycare@dhflinsurance.com).
- c. Visit our website [www.dhflinsurance.com](http://www.dhflinsurance.com) to register & track your queries.
- d. Please walk in to any of our branches or partner locations.
- e. 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 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

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

**NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES**

S.No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<p><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></p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<p><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 <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">Email: bimalokpal.bengaluru@ecoi.co.in</a></p>	Karnataka
3	<p><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 <a href="mailto:bimalokpal.bhopal@ecoi.co.in">Email: bimalokpal.bhopal@ecoi.co.in</a></p>	States of Madhya Pradesh and Chattisgarh.
4	<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">Email: bimalokpal.bhubaneswar@ecoi.co.in</a></p>	State of Orissa
5	<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

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	<a href="mailto:bimalokpal.chandigarh@ecoi.co.in">Email: bimalokpal.chandigarh@ecoi.co.in</a>	
6	<p><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 <a href="mailto:bimalokpal.chennai@ecoi.co.in">Email: bimalokpal.chennai@ecoi.co.in</a></p>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	<p><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></p>	State of Delhi
8	<p><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></p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p><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></p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry

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10	<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Email: Bimalokpal.jaipur@ecoi.co.in</a>	State of Rajasthan
11	<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
12	<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
13	<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	<p><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 <a href="mailto:bimalokpal.mumbai@ecoi.co.in">Email: bimalokpal.mumbai@ecoi.co.in</a></p>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
15	<p><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 <a href="mailto:bimalokpal.noida@ecoi.co.in">Email: bimalokpal.noida@ecoi.co.in</a></p>	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	<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 <a href="mailto:bimalokpal.patna@ecoi.co.in">Email: bimalokpal.patna@ecoi.co.in</a></p>	States of Bihar and Jharkhand
17	<p><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 <a href="mailto:bimalokpal.pune@ecoi.co.in">Email: bimalokpal.pune@ecoi.co.in</a></p>	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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