

## EDELWEISS TWO WHEELER PACKAGE INSURANCE ADD-ON



### Customer Information Sheet

Description is illustrative and not exhaustive

Please refer to the policy wording for the complete list of coverage, conditions and exclusions pertaining to each add-on cover

Sr. No.	Title	Sales Literature
	Name of the Product	Edelweiss Two Wheeler Package Insurance Add-on
	Add-on Covers (if opted)	
1	Depreciation Protect	<p>This cover is applicable if it is shown on Your Schedule.</p> <p>In consideration of the payment of the additional premium for this cover, the Company will re-imburse you, the amount of depreciation deducted on the value of parts which were allowed to be replaced for own damage claim lodged and admitted under Section 1 of the Policy, provided always that</p> <p>a) This add-on will not apply to TOTAL LOSS, CONSTRUCTIVE TOTAL LOSS or THEFT OF THE INSURED VEHICLE.                      b) The insured vehicle is repaired with prior authorization of the Company.                      c) The first 10% of the claim amount will be deducted, if insured vehicle is repaired at a workshop not authorized by Us/OEM. This deductible may be waived off at Our discretion.                      d) Any loss or damage to the battery and/or tyres of the insured vehicle will not be payable.                      e) This add-on cover is applicable only for Vehicle less than 7 years old                      f) The cover is applicable only for first 2 claims during the policy period.</p> <p>Subject otherwise to the terms exceptions conditions and limitations of this Policy.</p> <p>UIN: IRDAN159RP0004V01201819/A0014V01201920</p>
2	Invoice Value Protect	<p>This cover is applicable if it is shown on Your Schedule.</p> <p>In consideration of the payment of an additional premium as specified in Your Schedule, it is hereby declared and agreed that in case of the following events:</p> <ol style="list-style-type: none"> <li>Total loss,</li> <li>Constructive total loss,</li> <li>Theft of the insured vehicle,</li> </ol> <p>Despite whatever is mentioned as IDV of the vehicle in Your Schedule, We will:</p> <ol style="list-style-type: none"> <li>Pay the latest available sales invoice of manufactures of the insured vehicle (including original customs duty) or replacement value of a NEW vehicle (including customs duty as applicable for the new vehicle) of same make and model (or a similar model with similar specification available locally in India, in case the insured model is unavailable in India), whichever is less</li> <li>Pay the Registration charges and Road-Tax applicable for the RTO that the registered address belongs to as per the Motor Insurance Policy on which the claim is lodged.</li> </ol> <p>Conditions:</p> <ol style="list-style-type: none"> <li>The vehicle is not more than 3 years old from the date of registration.</li> <li>You are the first registered owner of the insured vehicle.</li> <li>Only 1 event in the entire policy period will be compensated.</li> </ol> <p>Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.</p> <p>UIN: IRDAN159RP0004V01201819/A0015V01201920</p>

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3	Pillion Protect	<p>This cover is applicable if it is shown on Your Policy Schedule.</p> <p>In consideration of the payment of an additional premium as specified in Your Policy Schedule, it is hereby declared and agreed that We will pay compensation on the scale provided below for bodily injury as hereinafter defined sustained by unnamed hirer/driver/pillion/side car passenger in direct connection with 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 3 calendar months of the occurrence of such injury result in:-</p> <table border="1" data-bbox="454 627 1449 846"> <thead> <tr> <th data-bbox="454 627 1161 667">Details of injury</th> <th data-bbox="1161 627 1449 667">Scale of Compensation</th> </tr> </thead> <tbody> <tr> <td data-bbox="454 667 1161 712">i) Death</td> <td data-bbox="1161 667 1449 712">100%</td> </tr> <tr> <td data-bbox="454 712 1161 757">ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td> <td data-bbox="1161 712 1449 757">100%</td> </tr> <tr> <td data-bbox="454 757 1161 801">iii) Loss of one limb or sight of one eye</td> <td data-bbox="1161 757 1449 801">50%</td> </tr> <tr> <td data-bbox="454 801 1161 846">iv) Permanent Total Disablement from injuries other than named above</td> <td data-bbox="1161 801 1449 846">100%</td> </tr> </tbody> </table> <p>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 Motor Insurance Policy and total liability of the insurer shall not in the aggregate exceed the amount stated in Your Schedule during any one Period of insurance in respect of any such person.</p> <p>Conditions:</p> <ol style="list-style-type: none"> <li>Such compensation shall be payable only with Insured's 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.</li> <li>Not more than persons/passengers specified in the registration certificate were in the vehicle at the time of occurrence of such injury.</li> <li>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.</li> <li>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.</li> <li>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. We 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.</li> </ol> <p>Documentation</p> <ol style="list-style-type: none"> <li>Duly Completed and signed Claim Form</li> <li>Attested copy of Death Certificate in case of death.</li> <li>Medical report from attending specialist doctor including Death Summary in case of hospitalization.</li> <li>Attested copy of disability certificate from the specialist treating doctor stating percentage of disability.</li> <li>Attested copy of FIR / Panchanama / Inquest Panchanama.</li> <li>Complete medical records/reports including investigation /Lab reports (X-Ray, MRI etc.) in case of disability claim.</li> <li>Attested copy of Post Mortem Report (only if conducted).</li> <li>Any other document(s) as requested by Claims Department which is/are relevant to the coverage under the policy.</li> <li>If claim amount &gt; 1 Lakh, KYC Documents such as Pan Card Copy, Address Proof, 1 Passport color photo of claimant.</li> <li>We, at Our own expense, shall have the right and opportunity of medical examination of the such persons 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</li> </ol>	Details of injury	Scale of Compensation	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%
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		<p>mortem examination report, if conducted, on the body of such persons as permitted by law. The compliance with the need for such examination is a condition precedent to establishing liability under the Policy.</p> <p>Exclusions: We shall not pay any compensation in respect of death or injury directly or indirectly wholly or in part arising or resulting from traceable to</p> <ol style="list-style-type: none"> <li>1. Intentional self injury, suicide or attempted suicide, physical defect or infirmity or</li> <li>2. An accident happening whilst the person driving the Insured Vehicle is under the influence of intoxicating liquor or drugs.</li> </ol> <p>Subject otherwise to the terms, exceptions, conditions and limitations of this policy. UIN: IRDAN159RP0004V01201819/A0016V01201920</p>
4	Consumable Expenses Protect	<p>This cover is applicable if it is shown on Your schedule.</p> <p>In consideration of the payment of an additional premium as specified and shown in Your Schedule, it is hereby agreed and declared that if the Insured Vehicle is damaged by a covered peril mentioned under the Section I of the Motor Insurance Policy and needs to be repaired, We will cover cost of consumables required to be replaced/ replenished during the repair of the damaged vehicle.</p> <p>Consumable for the purpose of this cover shall include engine oil, gear box oil, power steering oil , coolant , AC gas oil , brake oil , AC refrigerant , battery electrolyte , windshield washer fluid, radiator coolant, nut &amp; bolt, screw, oil filter, fuel filter, bearings, washers, clip, wheel balancing weights , and items of similar nature excluding fuel.</p> <p>Conditions: 1. In case of transfer of ownership of the Insured Vehicle, the cover under this add-on shall expire</p> <p>Exclusions: Coverage under this add-on shall not cover</p> <ol style="list-style-type: none"> <li>1. Where the Own Damage Claim made by You against Us under the Motor Insurance Policy is not payable</li> <li>2. Consumables pertaining to any part/ sub part/ accessories not approved for replacement by Us under Motor Insurance Policy.</li> <li>3. The cover is applicable only for first 2 claims during the policy period.</li> </ol> <p>Subject otherwise to the terms, exceptions, conditions and limitations of this policy. UIN: IRDAN159RP0004V01201819/A0017V01201920</p>
5	Emergency Medical Expenses Protect	<p>This cover is applicable if it is shown on Your Schedule.</p> <p>In consideration of the payment of an additional premium as specified in Your Schedule, it is hereby declared and agreed that We will pay emergency medical expenses incurred by You for treatment of bodily injury/ies sustained by You or any occupant of the vehicle in direct connection with 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 and required treatment is taken in a Hospital / Nursing Home.</p> <p>Ambulance Charges incurred by You for hiring an Ambulance for shifting You or occupant(s) from the site of accident to the Hospital / Nursing Home is also covered up to 1% of Sum Insured or Rs. 1,000/- whichever is less.</p> <p>Exclusions Coverage under this add-on shall not cover</p> <ol style="list-style-type: none"> <li>1. Any expenses related to a sickness, disease or medical disorder not directly consequential to accident.</li> <li>2. Any physiotherapy treatment.</li> <li>3. Any expense not supported by an original and valid bill / receipt and related prescription of the attending Medical Practitioner / Hospital / Nursing Home.</li> <li>4. Expenses, if the treatment is started after 5 days from the date of Accident</li> </ol>

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		<p>5. Not more than sum-insured as mentioned in Your Schedule during any one year of policy.</p> <p>6. Any expense arising or resulting from or traceable to intentional self injury, suicide or attempted suicide, physical defect or infirmity.</p> <p>7. Any expense arising or resulting from or traceable to an accident happening whilst You are under the influence of intoxicating liquor or drugs.</p> <p>Definitions</p> <p>i. Emergency Care: Emergency care means management for an injury due to accident of the insured vehicle, which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.</p> <p>ii. Medical Expenses: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of injury due to Accident of the insured vehicle, 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</p> <p>iii. Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.</p> <p>iv. Reasonable and Customary Charges : Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the injury involved</p> <p>Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.            UIN: IRDAN159RP0004V01201819/A0018V01201920</p>
6	Additional Third Party Property Damage Protect	<p>This cover is applicable if it is shown on Your Schedule.</p> <p>In consideration of the payment of an additional premium as specified in Your Schedule, it is hereby declared and agreed that We will pay for damage to property other than the property belonging to You or held in Your trust, custody and control up to the limit specified in Your Schedule provided that damage to property is solely and directly caused by accident by the insured vehicle.</p> <p>The above limit is in respect of any one claim or series of claims arising out of one event/occurrence in excess of maximum limit of liability covered under Section II of the policy.</p> <p>Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.</p> <p>UIN: IRDAN159RP0004V01201819/A0019V01201920</p>
7	Our Details/ At Your Doorstep	<p>For detail terms and conditions, please refer to the policy wording available in our website : <a href="http://www.edelweiss-insurance.com">www.edelweiss-insurance.com</a></p> <p>Toll Free: 180012000</p> <p>Email: <a href="mailto:support@edelweissinsurance.com">support@edelweissinsurance.com</a></p> <p>Website: <a href="http://www.edelweissinsurance.com">www.edelweissinsurance.com</a></p>