

## Policy Wording

Annexure-II

### Add On Cover

#### Transporter's Benefit Cover :

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

#### What is Covered:

We will pay *You* a *contingency amount* as mentioned in the *schedule* to enable *You* to meet the contingency expense incurred by you resulting from non-use of vehicle, if *Your* Vehicle is damaged by a peril covered and mentioned in section 1 of the policy.

#### What is not Covered:

The *Contingency Amount* will not be payable if any or all of the following condition applies:

1. If *Your* final claim amount after all applicable deductibles under section-1 of policy is not exceeding 15000, 20000 & 30000 respectively for LCV, MCV and HCV in case of option-1.
2. If claim under section-1 is not admissible.

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