

COCORide Two-Wheeler Package Policy - DHFL General Insurance-5 Years

UIN No. IRDANI55RP0050V01201819

Enhanced Owner Personal Accident – 5 Years

(UIN: IRDANI55RP0050V01201819/A0058V01201819)

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 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: -

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%

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.

DHFL General Insurance Limited

(A Wholly Owned Subsidiary Of WGC)

Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099

COCORide Two-Wheeler Package Policy - DHFL General Insurance -5 Years (Policy Wordings)

CIN: U66000MH2016PLC283275

GSTIN: 27AAFCD7985H1Z4

Phone: 022 - 4001 8100/8200

IRDAI Reg No.: 155

Web: www.dhflinsurance.com

Email: mycare@dhflinsurance.com

- 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
- 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

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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.

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