Private Car Policy Schedule

Policy Number: _____

Date of Issue: __/__/____

Period of Insurance: __/__/____ to __/__/____

Issuing Office: _____

Policyholder Details

Name: _____

Contact Number: _____

Address: _____

Email: _____

Vehicle Details

Make & Model	_____	Year of Manufacture	____
Registration Number	_____	Engine Number	_____
Chassis Number	_____	Type of Body	_____
Seating Capacity	____	Cubic Capacity	_____

Coverage Details

Cover	Sum Insured	Premium (â,¹)
Own Damage	_____	_____
Third Party Liability	_____	_____
Personal Accident Cover	_____	_____
Add-ons	_____	_____

Total Premium: â,¹_____

IDV (Insured Declared Value): â,¹_____

Nominee Details

Name of Nominee: _____

Relationship: _____

Special Conditions / Endorsements

_____

_____

Authorized Signatory: _____

Date: __/__/____