



## FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

**(A Certificate given by a qualified Veterinary Doctor must accompany this proposal)**

### IMPORTANT GUIDELINES:

1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
2. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.
3. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.
4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.

### 1. Period of Insurance

<b>From</b>	D	D	M	M	Y	Y	Y	Y	<b>To</b>	D	D	M	M	Y	Y	Y	Y
-------------	---	---	---	---	---	---	---	---	-----------	---	---	---	---	---	---	---	---

## 2. Name of the Proposer

[illegible]

### 3. a. Present Address of the Proposer

[illegible]

### 3b. Permanent address of the proposer

(if left blank, will be construed as being same as Present Address)

[illegible]

State

Pin  
codeTelephone  
No**Mobile  
No**

#### 4. Animal Stabling Address (If Different)

[illegible]

## State

**Pin  
code**

**Telephone**  
**No**

**Mobile  
No**

## 5. Occupation

[illegible]

6. Is cover required for Permanent Total Disability? ☒ YES ☐ NO

7. **CKYC Number (if available):**\_\_\_\_\_

**8. Hypothecation, if any**

[illegible]

9. Give the following particulars in full, of each of the animals proposed for insurance.

Type of Animal	Sex M/F	Age Yrs.	Breed	Description of the Animal Color, All other Distinguishing Features, marks	Tag No. Rt/Lt Ear	Market Value Rs.

10. State for what purpose the animals will be used.	
11. Is/are the animals in the stable sound and healthy and free from vice? If not give full particulars of defects and ailments if any. Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.	
12. Whether own Veterinary Services available or are you dependent on Government Veterinary Services?	

13.

a) Have you lost any animal/s during the last three years? ☐ YES ☐ NO If so state particulars

Year	Cause of Loss	Number of animals lost

b) Previous Insurance and Claims experience (for the last three years)

Year	Policy No.	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.

14.

a)

How many other animals do you own and of what type?

b) Are they insured and if so with which insurer? c) If not why are they proposed for insurance now?	
15. Are any of the animals now proposed for insurance or have any other animals belonging to you been previously insured? If YES, state name of Company.	

<b>16. Has any Company</b> <b>a) Declined insurance of any of your animals or</b> <b>b) Declined to renew the insurance</b> <b>c) Increased your premium or imposed special conditions on renewal?</b>	
<b>17.</b> <b>a) Are you the owner of the animal? If not state name and address of owner and also nature of your interest in the animal</b> <b>b) Is any bank or other financing institution interested in the animal, If so, state</b> <b>i. name and address of the bank ii.</b> <b>Amount of loan outstanding.</b> <b>c) Is/ are the animal/s proposed for insurance covered by any Govt. scheme? If so, state.</b> <b>i. Address of Govt. Agency Implementing the scheme</b> <b>ii. Amount of subsidy obtained from Implementing Govt. agency.</b>	
<b>18. Any other information material to the risk or the terms upon which cover might be offered.</b>	

### 19. Declarations:

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law. OR

I/We hereby confirm that the premium payment has been paid by \_\_\_\_\_, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

iv. I/we am/are (please tick all that are applicable)

- ☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person/s  
☐ Non-Governmental Organization

v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.

vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/or FGIICL authorized person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I also consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the FGIICL Privacy Policy, available at <https://general.futuregeneral.in/privacy-policy>

**Proposer's Signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

## 20. Payment details:

**Premium paid by Cash/ Cheque No** \_\_\_\_\_ **Date:** DD/MM/YY **Bank**

\_\_\_\_\_

**Amount (Rs.)** \_\_\_\_\_

PAN \_\_\_\_\_ (if premium payable is above Rs.1 lac (Please attach proof))

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_

GSTIN (If more than one GSTIN, kindly attach an annexure with details): \_\_\_\_\_

*Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium paid is more than Rs 25000/-*

**Note: The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.**

**Bank details of proposer for refund or claim purpose:**

Name of bank account holder (mention specifically, if different from name of policyholder):

Bank Name & Branch:

Bank Account Number:

IFS Code:

**Nominee Details:**

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: ((if left blank, will be construed as being same as Present Address))

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

**21. For Intermediary Use Only**

Intermediary's Code:	Intermediary's Name:
POSP PAN (if available):	

**For Intermediary Declaration:**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued

thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

---

Intermediary's	Code:	_____	Intermediary's	Signature:
<hr/>				

### Anti Money Laundering

FGIICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

### SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.



**Future Generali India Insurance Company Limited**, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287  
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400083  
Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: <https://general.futuregenerali.in> | Email: [fcare@futuregenerali.in](mailto:fcare@futuregenerali.in)