

VIVAH SURAKSHA POLICY PROPOSAL FORM

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 the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.**
3. **It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.**
4. **Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.**

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

Name of the Insured	
Address of the Insured	
Permanent Address of the Insured (if left blank, will be construed as being same as Present Address)	
Contact Nos.	
CKYC Number (If Available)	
Wedding Date & Time of Mahurat	
Is the date on any public holiday, death anniversary, birth anniversary of any politically influential person (dead or alive)	
Have the cards been printed	Yes / No If Yes, please attach one
How many people are invited for the function	

Full Name of the Bride			
Age			
Full Name of the Groom			
Age			
Names of Blood Relations			
Relationship	Name	Age	
Father of the Bride			
Mother of the Bride			
Sister of the Bride			
Sister of the Bride			
Sister of the Bride			
Brother of the Bride			
Brother of the Bride			
Brother of the Bride			
Father of the Groom			
Mother of the Groom			
Sister of the Groom			
Sister of the Groom			
Sister of the Groom			
Brother of the Groom			
Brother of the Groom			
Brother of the Groom			
Is any one in above list seriously ill / in hospital / has a known medical problem			
Venue of the Wedding (Address)			
			Tel:
Is the venue an official regular location			Yes/ No If No, then please describe the venue

Any known hazards at / surrounding the venue: (e.g.: sensitive area, high rise location etc.)	
Is the venue being officially booked and the advances paid	Yes / No
How Much percentage	
Amount	
Indoors/ Outdoors (If outdoors is there any provision made for a waterproof cover)	
Firefighting equipments at the venue	
Emergency escape exits	Yes / No How many?
Security arrangement	Yes / No How Many
Is there going to be any cooking at the venue	Yes / No If Yes, is it in a separate identified enclosure or within the same enclosure?
Safety Precautions	
Is the Residence of the insured & venue of the wedding going to be decorated?	If yes pl. give break up of the costs involved: Residence a) Lighting and related equipments: Rs. _____ b) Mandap / Tents: Rs. _____ c) Sets & decorations: Rs. _____ d) Others: Rs. _____ Total Rs. _____ ** Proof of expenses is required during claim
Please provide break up to the cost of the Wedding as under	a) Card Printing & Postage / Courier Rs. _____ b) Catering charges Rs. _____ c) Venue charges Rs. _____ d) Music / Decoration & Mandap Charges Rs. _____ e) Hotel rooms & lodging charges Rs. _____

	f) Transportation & Travel charges Rs. _____ g) Any other charges Rs. _____ Total Rs. _____ ** Proof of expenses is required during claim
Are any Jewelry, precious, money, metal stones and expensive appliance given to the bride or groom (only of the insured's or not of the in laws to be) which is kept stored at the insured's residence.	If yes, a) Please provide detailed description along with a valuation certificate and if possible a photograph of the items. b) Is it stored in a safe or a locker in the residence? YES / NO if no then what arrangement is made c) Is there security arrangement at the residence? YES / NO if no then what arrangement is made
Sum Insured	
Section I: Wedding Cancellation & Postponement	
Section II: Damage to Property	
Section III: Personal Accident	
Section IV: Money	
Section V: Burglary	
Section VI: Public Liability	
Period Of Insurance	From _____ To _____

Signing this proposal does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance of the subject thereof, the entire policy shall be void. Any material change in Company's exposure must be reported immediately.

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note: Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

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): _____

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 GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- 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 GCICL 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 have 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 GCICL 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 GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.

vii. I consent to the fact that GCI 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 GCI hereafter. In case of any modification, the applicable information will be provided to GCI 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 GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., 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. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

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 GCICL 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 GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

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

Intermediary's Code: _____

Intermediary's Signature: _____

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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

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. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800