

CATTLE AND LIVESTOCK INSURANCE PROPOSAL FORM

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

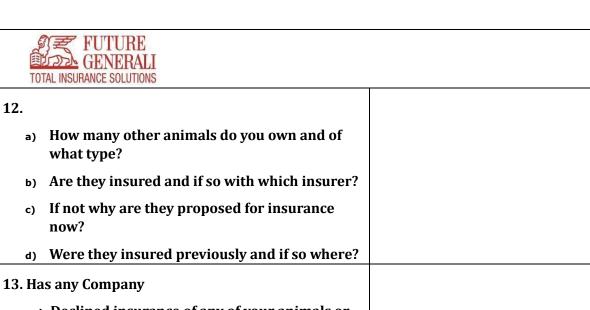
IMPORTANT GUIDELINES:

- 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 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	FOR OFFICE USE:																															
	Intermediary Name:Intermediary Code:															_																
Busin	Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct																															
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	10. State for what purpose the animals will be used.																													
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- a) Declined insurance of any of your animals or
- **b)** Declined to renew the insurance
- c) Increased your premium or imposed special conditions on renewal?

14.

- a) Is any bank or other financing institution interested in the animal, If so, state
 - i. name and address of the bank
 - ii. Amount of loan outstanding.
- b) Is/ are the animal/s proposed for insurance covered by any Govt. scheme? If Yes, please state.
 - i. Address of Govt. Agency Implementing the scheme
 - ii. Amount of subsidy obtained from Implementing Govt. agency.
- 15. Any other information material to the risk or the terms upon which cover might be offered.

Payment details:

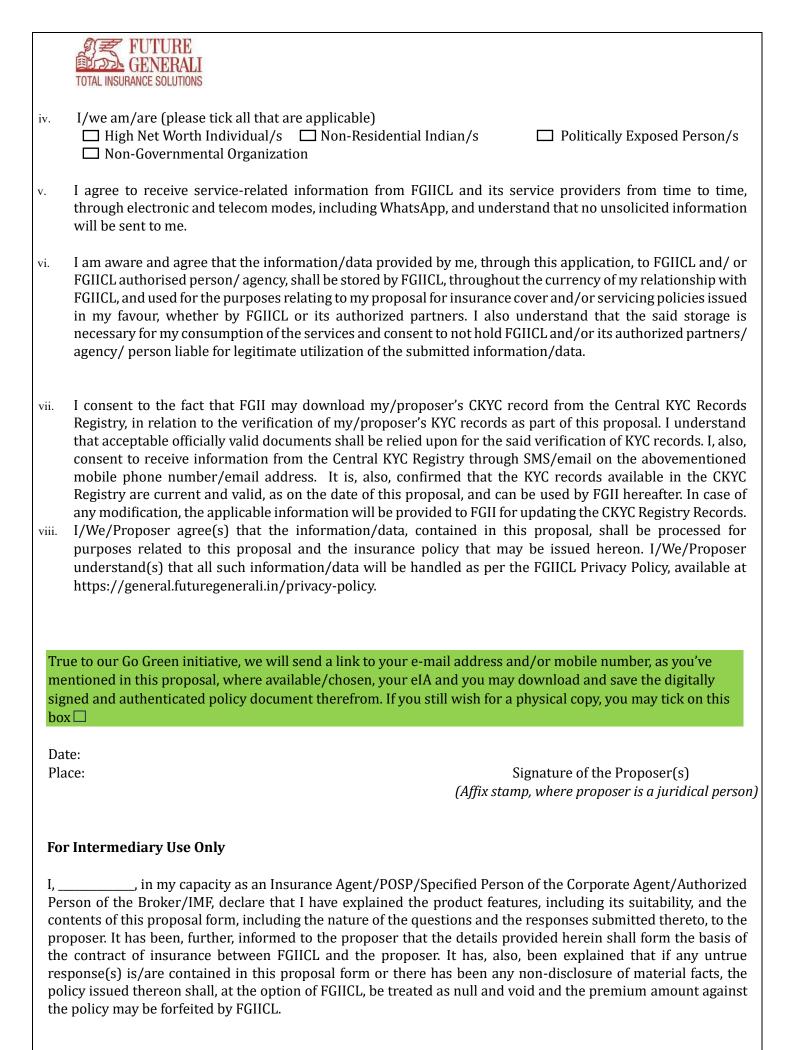
Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach	
an annexure with details)	

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/-



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.

Na	ank details of proposer for refund or claim purpose: ame of bank account holder (mention pecifically, if different from name of policyholder):	
Ba	ank Name & Branch: ank Account Number: FS Code:	
Na Da Re	ominee Details: ame: ate of Birth: elationship with the proposer	
	Iobile Number: E-Mail ID: ddress of Nominee: E-Mail ID:	
Per Bar	resent address: ermanent address: ((if left blank, will be construed as being same as Present Address)) ank Account Details of Nominee: fame of Account holder:	
Ba:	ank Name & Branch: ank Account Number: S Code:	
Au	uthorized person details (in case nominee is a minor):	
De	Declarations:	
i.	I/We hereby declare and warrant that the above statements are true and complete in all rethere is no other information which is relevant to my application for insurance that has no you. I agree that this proposal and the declaration shall be the basis of the contract between GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to prescribed by FGIICL.	ot been disclosed to en me and FUTURE
ii.	I understand that, if any information/statement given in the proposal is found to be untru- corresponding insurance policy, that may be issued, shall be treated as void ab initio and t shall be forfeited to FGIICL.	
ii.	"I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid declared and assessed sources of my/our income and not out of proceeds of crime relaunder the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/W FGIICL reserves the right to call for documents and information to establish the source of right to reject the said proposal or to terminate the insurance contract unilaterally and/or for amount, if I/We am/are found to be named in any recognized sanction list/happen to provisions of law." OR	ted to any offence Ye understand that If funds, as also the orfeit the premium
	"I/We hereby confirm that the premium payment have been paid by, who is had interest in my/our policy under this application form. In case of any refund, please process mentioned proposer's bank account."	





Name of Insurance Agent/POSP/Specified Person the Broker/IMF:	of	the	Corporate Agent/Authorized	Person	0
Intermediary's Code:					
Intermediary's Signature					

ANTI MONEY LAUNDERING

FGIICL adheres to the 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 with 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:

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.



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: focare@futuregenerali.in

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