

# CATTLE INSURANCE POLICY (RETAIL) Proposal Form



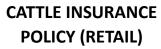


# **PROPOSAL FORM**

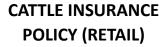
(A Certificate given by a qualified Veterinary Surgeon must accompany this proposal)

1. Name of the proposer:													
2	2. Residential Address:												
	Farm Addre	ss: (If Di	fferent)										
3	S. Occupation/Business:												
	. Is cover req . Give the foll					of the ar	nimals pro	posed for insur	ance.				
	Type of Animal	,, , , , , , , , , , , , , , , , , , , ,							Tag No.	Market Value/			
	Cow,Bullo ck Buffalo, Sheep, Goat	M/F	Years		Colour	Horn s	Tail Switch	Distinguishin g Features	Rt/Lt Ear	Rs.			
6. State for what purpose the animals will be used.													
/	7. Details of the construction Shed Animals are kept in open or closed shed?												
h p	. Is/are the animals in the stable sound and ealthy and free from vice? If not give full articulars of defects and aliments if any. Please rovide a certificate of good health issued by a												





			actitioner for each anima	I			
		insurance					
			inary Services Available or				
aepena	ant on	Governm	nent Veterinary Services?				
10 (-) 11-					2 Ift-t-		la.ua
10. (a) Ha	ave you	u lost any	animal/s during the last the	ree ye	ears? If so state	e partic	ulars.
Yea	r		Cause of Lo	rr_			Number of animals lost
Tea			Cause of Lo	33			Number of animals lost
(b) Previo	ous Ca	ttle Insura	ince and Claims experience	(for	the last three y	ears)	
Year	Polic	y No.	Name of Insurer		Claim	Whe	ether claim settled in full
		,			Amount		n part or outstanding or
					7		idiated.
	1		<u> </u>		I.		
11.al Ho	ow ma	nv other a	nimals do you own and of				
what ty		.,	, , , , , , , , , , , , , , , , , , , ,				
	•	ev insure	ed and if so with which				
insurer?		,					
[c] I	f not	why are	they not proposed for				
insuran		-	, , ,				
[d] \	Were	thev insu	red previously and if so				
where?		,	, ,				
12. Are	any (	of the an	imals now proposed for				
	•		ther animals belonging to				
		iously ins					
			Company or Underwriter.				
	,		company or chack miles				
13. Has	anv Co	ompany o	r Underwriter.				
	,	,,					
[a] Decl	ined in	surance c	of any of your animals or				
[]			,,				
[b] Decl	ined to	renew th	ne insurance				
[ ] = 50.							
[c] Incre	eased	your prer	mium or imposed special				
		on renew					





14. For What period is insurance required?	For months FromTo
15. [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] Is any other bank or financial institution interested in the animal? If so, state (i) name and address of the bank (ii) Amount of loan outstanding?	
[c] Is / are the animal/s proposed for insurance covered by SFDA / MFAL/ IRDP project? If so, state.	
(i) Address of SFDA / MFAL /IRDP agency	
(ii) Amount of subsidy obtained from SFDA / MFAL / IRDP agency.	
16. Vaccination details for the diseases like Rinderpest, Black Quarter, Hamorrhagic Septicaemia, Foot & Mouth, Anthrax, Theileriasis, Enterotoxaemia, Sheep Pox, Goat Pox, Rinderpest, FMD, Anthrax, H.S., B.Q., etc. 17. Any other information material to the risk or	
the terms upon which cover might be offered.	

## **Certificate From Qualified Veterinary Doctor:**

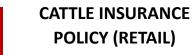
Certify that I have physically seen the animal/animals described above and he/she/they is/are in good and sound health condition and not suffering from any disease. The ear tag mentioned in the proposal form is duly punched in left/right ear/ears (as the case may be).

Signature of Veterinary Doctor

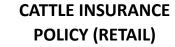
Seal

Premium Payment Details:		





Total	Total Premium Amount (Including GST) – INR																						
Paye	Payee Name -																						
Kindl	y select:	Che	que					DD				NEF	Т						Cash	1			
Chec	que /DD/ PO /L	JTR N	No.																				
Date								IF:	SC														
Amo	unt in Rs.																						
Bank	Account No.																						
Bank	Name												Brai	nch									
PAN I	Number																						
Aadh	aar Number																						
Docu	ments to be at	tach	ed a	s per	req	uirer	nent	for	fulfil	lmer	it of	KYC	. No	rms	i								
GST F	Registered															Y	'es/ I	No					
						GS	ΓIN	Num	ber														
						GS	ΓSta	te															
Do you	Do you wish to have this Policy credited to an eIA? (Please select anyone)  No, I do not have an eIA and do not wish to open one 2 Yes, Credit this Policy to my e-Insurance account																						
If yes,	please share e	xistir	ng e-	-Insur	anc	e Ac	cour	nt No															
Please	select Insuran	ce R	epos	sitory	Nar	ne (	you	have	ope	ned	you	r ac	cou	nt w	/ith)								
2 M/s	NSDL Database	Ma	nage	ement	t Lin	nited	2 N	1/s K	arvy	Insu	rand	e R	еро	sito	ry L	imite	ed						
⅓ M/s Or	Central Insurar	ice R	lepo	sitory	Lim	nited	? <b>V</b>	/s CA	AMS	Rep	osito	ory :	Serv	vices	s Lin	nited	l (Pl	ease	sele	ect	any	y on	e)
	not have existir e submit electr	_												_									
Му СК	YC No. (Centra	l Knc	ow Y	our C	usto	mer	reg	istry	nun	nber)	is (i	f av	aila	ble)	:								
•	Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)																						
First N	ame																						
Middle	e Name																						
Last N	ame																						
Gende	Gender																						





DOB
PAN
Address Line 1
Address Line 2
Address Line 3
Pin code
Telephone Number
Mobile Number
Relationship
Other Relationship
Email Id
JID
Landmark
State
City
Country
Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)
NTERMEDIARY DECLARATION
ntermediary PAN number:
ntermediary Aadhaar number:
, (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance petween the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/to be furnished, or if





there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)							
Date: DD MM YYYY	Signature of the Insurance Advisor:						

### **DECLARATION BY INSURED**

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/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd

I/We, also declare that if any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same would be conveyed to the insurers immediately.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other permitted modes for the purpose of undertaking applicable KYC.

I wish to get all policy related communications on my Whatsapp (other app) number.

Place **Date Signature of Proposer** 

### **AML Guidelines**

1. I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any

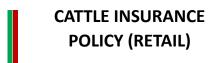




competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

	Business: Others (please specify)	
4.	4. Source of Funds:	
	(x) others, please specify	
	(ix) Public Limited Company	
	(viii) Private Limited Company	
	(vii) Society	
	(vi) Co-operatives	
	(v) Non-Government Organisations	
	(iv) Partnership	
	(iii) Government	
	(ii) Trust	
	(i) Corporations	
3.	3. Type of Organisation:	
	Nationality: Indian Non-Indian If, Non-Indian, please specify Count	ry:
2.	2. Additional Information:	
	country, including the heads of States or Governments, senior politicians, senior governme judicial or military officers, senior executives of state-owned corporations and important poparty officials	
	* (PEPs) are individuals who have been entrusted with prominent public functions by a fo	oreign
	If yes, please share the details of "Politically Exposed Persons" (PEPs):	
	□ YES □ NO	
	Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?	
	Date: DD/MM/YYYY Signature of the Proposer:	





### **VERNACULAR DECLARATION**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from Magma HDI General Insurance Company Limited to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place:	Proposer's Signature	Proposer's Signature						
	Company stamp							
Date: MM-YYYY)	Name:	Designation	(DD-					

### Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.