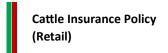


CATTLE INSURANCE POLICY (RETAIL) Proposal Form



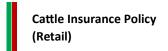


PROPOSAL FORM

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

1	1. Name of the proposer:											
2	. Residential A	ddress:										
	Farm Address	: (If Diff	erent)									
3	. Occupation/E	Business	:									
4	4. Is cover required for Permanent Disability?											
5	5. Give the following particulars in full, of each of the animals proposed for insurance.											
	Type of	Sex	Age	Breed	Descript	ion of th	e Animal		Tag	Market Value	/	
	Animal								No.	S.I.		
						Distinguishing Features	Rt/Lt Ear	Rs.				
			Į.						<u>I</u>			
6	i. State for who	at purpo	ose the a	nimals w	vill be use	d.						
7	. Details of the				ed?							





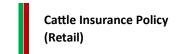
healthy particu provide qualifie propose 9. Whe	y and free lars of defect a certificate of veterinary ed for insuralether own Vo	mals in the stable sound and from vice? If not give full cts and aliments if any. Please te of good health issued by a practitioner for each animal nce. eterinary Services Available or tryment Veterinary Services?		
10. (a) H	ave you lost	any animal/s during the last thro	ee years? If so stat	te particulars.
Yea	ar	Cause of Los	 SS	Number of animals lost
(b) Previo	ous Cattle Ins	surance and Claims experience	(for the last three	years) Whether claim settled in full
	Toney ite.	Nume of modific	Amount	or in part or outstanding or repudiated.
what ty [b] insurer	rpe? Are they ins ?	er animals do you own and of sured and if so with which are they not proposed for		

you been previously insured?

13. Has any Company or Underwriter.

12. Are any of the animals now proposed for insurance or have any other animals belonging to

If so, state name of Company or Underwriter.





[a] Decline	d insurance of any of your animals or		
[b] Decline	d to renew the insurance		
	ed your premium or imposed special ons on renewal?		
14. For Wh	at period is insurance required?	For To	months
state na	you the owner of the animal? If not ame and address of owner and also of your interest in the animal		
interest	other bank or financial institution ed in the animal? If so, state (i) name dress of the bank (ii) Amount of loan ding?		
	the animal/s proposed for insurance by SFDA / MFAL/ IRDP project? If so,		
(i)	Address of SFDA / MFAL /IRDP agency		
(ii)	Amount of subsidy obtained from SFDA / MFAL / IRDP agency.		
16. Vaccin	ation details for the diseases like		
	est, Black Quarter, Hamorrhagic		
	emia, Foot & Mouth, Anthrax,		
	asis, Enterotoxaemia, Sheep Pox, Goat		
	derpest, FMD, Anthrax, H.S., B.Q., etc.		
	ner information material to the risk or		
tne tern	ns upon which cover might be offered.		

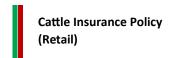
Certificate From Qualified Veterinary Doctor:

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

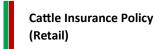
Seal





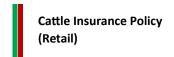
	Premium Payment Details:																					
	Total Premium Amount (Including GST) – INR																					
	Payee Name -																					
	Kindly select: Cheque							DD				NE	FT					c	ash			
	Cheque /DD/ PO /U	TR N	lo.																			
	Date							IF	SC													
	Amount in Rs.																					
	Bank Account No.																					
	Bank Name										Branch											
	PAN Number																					
	Aadhaar Number																					
	Documents to be att	ache	ed as	per	requ	iren	nent	for	fulfil	lmer	nt o	f KY	C N	orm	s.		_					
	GST Registered															Y	es/ N	١o				
						GST	IN	Num	ber													
						GST	Sta	te														
Do	you wish to have this No, I do not have an e es, please share existing	Polio	cy cr nd d	edite	t wis	h to	оре	en oi	ne 🛭	Yes,		•	-	Poli	cy to	o my	e-Ins	surai	nce a	accou	ınt	
	ase select Insurance R 1/s NSDL Database Ma				-	•		•		•						ted						
																						_
? \	1/s Central Insurance F	Repo	sito	ry Lin	nited	1 2 N	1/s (CAM	S Re	posi	tory	/ Ser	vic	es Li	mite	ed (P	lease	sel	ect a	ny o	1e) ()r
	do not have existing e- omit electronic insurar													_					ccou	ınt (F	leas	se
Му	CKYC No. (Central Kno	ow Y	our/	Custo	omei	reg	istry	y nu	mbe	r) is	(if a	vaila	able	e): _							-	
	oresentative Details (o ured)	nly i	f elA	is to	be (opei	ned	for a	ny c	other	pe	rsor	ot	her '	than	Pro	oose	r an	d pri	mary	,	





General Insurance Limited
First Name
Middle Name
Last Name
Gender
DOB
PAN
Address Line 1
Address Line 2
Address Line 3
Pin code
Telephone Number
Mobile Number
Relationship
Other Relationship
Email Id
UID
Landmark
State
City
Country
Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)
INTERMEDIARY DECLARATION
Intermediary PAN number:
Intermediary Aadhaar number:





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 between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I 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.	I, (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate
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 between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I 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	Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the
questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I 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	contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the
the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I 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	proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to
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	questions contained herein or any details sought herein will form the basis of the Contract of Insurance between
/ 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	the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have
non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated	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
by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.	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/Co	rporate 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 General Insurance Limited.

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 General Insurance 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





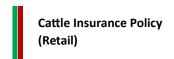
AML Guidelines

cancel the insurance policy	in case I / we are four	Il for documents to establish sources of funds and to nd guilty by any competent court of law under any of the ention of money laundering law in India.
Date: DD/MM/YYYY	Signature of the	Proposer:
Are you or any of the prop	posal applicants PEP	s* or a close relative/associate of PEPs*?
If yes, please share the d	letails of "Politically E	xposed Persons"(PEPs):
including the heads of State	es or Governments, s	ed with prominent public functions by a foreign country, senior politicians, senior government or judicial or military rations and important political party officials
2. Additional Information:		
Nationality: Indian	Non-Indian	If, Non-Indian, please specify Country:
3. Type of Organisation:		
(i) Corporations		
(ii) Trust		
(iii) Government		
(iv) Partnership		
(v) Non-Government Organi	sations	
(vi) Co-operatives		
(vii) Society		
(viii) Private Limited Compa	ny	
(ix) Public Limited Company	,	

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





(x) others, please specify							
4. Source of Funds:							
Business:	Salaried: Othe	ers (please specify)					
	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 General Insurance 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						
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.