

Proposal Form No.: \_\_\_\_\_

**CATTLE INSURANCE POLICY - (COMMERCIAL) - PROPOSAL FORM**

Note:

- Please answer every question fully.
- The policy does not commence until the proposal is accepted and premium is realized to IndusInd General insurance Company Limited

**INTERMEDIARY DETAILS (To be filled in BLOCK LETTERS)**

|                    |  |      |
|--------------------|--|------|
| Intermediary Name  |  | Code |
| Branch Name        |  | Code |
| Sales Manager Name |  | Code |

**PROPOSER DETAILS (All the details are mandatory)**

|                                                                                                                                                                                                                                        |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|----------------|---|---|---|---|---|---|
| 1. Name of the Proposer                                                                                                                                                                                                                | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. | F      | I | R | S | T | M | I | D | D              | L | E | L | A | S | T |
| 2. Customer ID                                                                                                                                                                                                                         |                                                                                         | 3. Age |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 4. Address for Communication _____                                                                                                                                                                                                     |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| Flat/Building/House No. _____                                                                                                                                                                                                          |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| Road/Street No. _____                                                                                                                                                                                                                  |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| Village _____                                                                                                                                                                                                                          |                                                                                         |        |   |   |   |   |   |   |   | Taluka _____   |   |   |   |   |   |   |
| District/City _____                                                                                                                                                                                                                    |                                                                                         |        |   |   |   |   |   |   |   | Pin Code _____ |   |   |   |   |   |   |
| State _____                                                                                                                                                                                                                            |                                                                                         |        |   |   |   |   |   |   |   | Country _____  |   |   |   |   |   |   |
| Phone _____                                                                                                                                                                                                                            |                                                                                         |        |   |   |   |   |   |   |   | Mobile _____   |   |   |   |   |   |   |
| Email _____                                                                                                                                                                                                                            |                                                                                         |        |   |   |   |   |   |   |   | Fax _____      |   |   |   |   |   |   |
| 5. PAN No. _____                                                                                                                                                                                                                       |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 6. Society Membership ID No. (If any): _____                                                                                                                                                                                           |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| Name of Society _____                                                                                                                                                                                                                  |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 7. Source of Funds <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 8. Monthly Income <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                   |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 9. Do you have a GST Registration Number <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                      |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| If Yes, please specify _____                                                                                                                                                                                                           |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 10. Name of nominee _____                                                                                                                                                                                                              |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 11. Age _____                                                                                                                                                                                                                          |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |
| 12. Profession, trade, business or occupation of the Proposer _____                                                                                                                                                                    |                                                                                         |        |   |   |   |   |   |   |   |                |   |   |   |   |   |   |

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms &amp; conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered &amp; Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Cattle Insurance Policy (Commercial). UIN No. IRDAN103CP0008V01201920. IGI/MCOM/CO/MI-24/CIP-(COMM.)/PF/Ver.1.3/150426.


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13. Name & address of the Financier, if any

14. a) Kind of animals proposed ☐ Cow ☐ Buffalo ☐ Bullock ☐ Others \_\_\_\_\_

b) Description of the animals

c) No. of animals/units owned by the Proposer

d) No. of animals/units proposed for insurance \_\_\_\_\_ (Amount of sum insured) \_\_\_\_\_

15. Since how long animals are in possession of the Proposer/Owner \_\_\_\_\_ Years

16. Purpose for which the animals are kept.

17. Where are the animals stable? (Please give the address and full particulars about the construction)

Flat/Building/House No.

Road/Street No.

Village

Taluka

District/City

Pin Code

State

Country

Phone

Mobile

Email

Fax

18. Is the place under the sole occupation of the Proposer?

☐ Yes ☐ No

19. The number of animals of the Proposer lost in the last three years.

☐ Last Year ☐ Previous Year ☐ Years Prior To That

20. Any claim made in the last three years

☐ Yes ☐ No

If so, the name of the Company and details of the claim.

₹ \_\_\_\_\_

21. Long term policy coverage options\*

☐ 1 Year ☐ 3 Years

22. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

23. a) Is Veterinary Service Available?

☐ Yes ☐ No

If not, whose Service is Available?

#### PAYMENT DETAILS

☐ Cheque ☐ DD

Cheque or DD Amount: /- Amount in words:

Bank Name:

Cheque/DD No.:

Cheque/DD Date: DD / MM / YYYY

**PROPOSER'S BANK DETAILS**

|                                                                                                                                                                                                                                                                        |                                                                                                                                                      |              |                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|
| 24. Name of the Bank Account Holder                                                                                                                                                                                                                                    | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.    F   I   R   S   T   M   I   D   D   L   E   L   A   S   T |              |                                                                  |
| 25. Bank Account No.:                                                                                                                                                                                                                                                  |                                                                                                                                                      | 26. Account: | <input type="checkbox"/> Saving <input type="checkbox"/> Current |
| 27. Name of the Bank                                                                                                                                                                                                                                                   |                                                                                                                                                      |              |                                                                  |
| 28. Branch                                                                                                                                                                                                                                                             |                                                                                                                                                      |              |                                                                  |
| 29. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)                                                                                                                                                             |                                                                                                                                                      |              |                                                                  |
| 30. IFSC Code (11 character code appearing on your cheque leaf)                                                                                                                                                                                                        |                                                                                                                                                      |              |                                                                  |
| <input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*<br>*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode. |                                                                                                                                                      |              |                                                                  |

**GENERAL DECLARATION**

I understand that as per the new AML/CFT Guidelines issued IndusInd Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

**PEP DECLARATION:**

|                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are you a Politically Exposed Person (PEP)?                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please mention the position held                                                                 |                                                          |
| Is any of your close relation or family member a PEP?                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please mention the name and relation and the position held by such close relative/family member. |                                                          |

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

**Note :**

**"Politically Exposed Persons" (PEPs)** are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

#### AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer

#### DECLARATION AND UNDERTAKING BY THE PROPOSER

I/We hereby propose the above mentioned animals owned by me/us for insurance with IndusInd General Insurance Company Limited, subject to the term conditions and exclusions of the Company's Policy.

I/We hereby further declare that the statements, answers and particulars made by me/us in this Proposal Form are corrected, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is affected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company Shall have no liability under this insurance & reserve the rights to cancel the policy & forfeit premium.

I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of the Proposal Form.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of The Proposer

#### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

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 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 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 liable for a penalty which may extend to ten lakh rupees.



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022 4890 3009 (Paid)



74004 22200 (WhatsApp)

