

# **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. Residential Address:

Farm Address: (If Different)

3. Occupation/Business:

4. Is cover required for Permanent Disability?

5. Give the following particulars in full, of each of the animals proposed for insurance.

Type of Animal	Sex	Age	Breed	Description of the Animal				Tag No.	Market Value/ S.I.
Cow, Bullock, Buffalo, Sheep, Goat	M/F	Years		Colour	Horns	Tail Switch	Distinguishing 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?

8. Is/are the animals in the stable sound and healthy and free from vice? If not give full particulars of defects and ailments if any. Please provide a certificate of good health issued by a qualified veterinary practitioner for each animal proposed for insurance.	
9. Whether own Veterinary Services Available or dependant on Government Veterinary Services?	

10. (a) Have you lost any animal/s during the last three years? If so state particulars.

Year	Cause of Loss	Number of animals lost

(b) Previous Cattle Insurance and Claims experience (for the last three years)

Year	Policy No.	Name of Insurer	Claim Amount	Whether claim settled in full or in part or outstanding or repudiated.

11.a] How many other animals do you own and of what type? [b] Are they insured and if so with which insurer? [c] If not why are they not proposed for insurance now? [d] Were they insured previously and if so where?	
12. Are any of the animals now proposed for insurance or have any other animals belonging to you been previously insured? If so, state name of Company or Underwriter.	
13. Has any Company or Underwriter.	

[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. For What period is insurance required?	For _____ months From _____ To _____
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, Theileriosis, 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

<b>Premium Payment Details:</b>														
Total Premium Amount (Including GST) – INR _____														
Payee Name - _____														
Kindly select : <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash														
Cheque /DD/ PO /UTR No. _____														
Date _____					IFSC _____									
Amount in Rs. _____														
Bank Account No. _____														
Bank Name _____										Branch _____				
PAN Number _____														
Aadhaar Number _____														
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>														
GST Registered												Yes/ No		
GSTIN Number														
GST State														

**ELECTRONIC INSURANCE DETAILS**

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 ☐ Yes, Credit this Policy to my e-Insurance account

If yes, please share existing e-Insurance Account No \_\_\_\_\_

Please select Insurance Repository Name (you have opened your account with)

☐ M/s NSDL Database Management Limited ☐ M/s Karvy Insurance Repository Limited

☐ M/s Central Insurance Repository Limited ☐ M/s CAMS Repository Services Limited (Please select any one) Or

☐ I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)

My CKYC No. (Central Know Your Customer registry number) is (if available): \_\_\_\_\_

Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)

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:**

I, \_\_\_\_\_ (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 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.

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 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**

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.

Date: DD/MM/YYYY

Signature of the Proposer: \_\_\_\_\_

Are you or any of the proposal applicants PEPs\* or a close relative/associate of PEPs\*?

☐ YES ☐ NO

If yes, please share the details of “Politically Exposed Persons”(PEPs):

\* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

2. **Disability, If any:** Type of Disability \_\_\_\_\_ Percentage of Disability: \_\_\_\_\_

**3. Additional Information:**

Nationality: Indian ☐ Non-Indian ☐ If, Non-Indian, please specify Country: -----  
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Residential Status: ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National

Person of Indian Origin ☐

**4. Type of Organisation:**

(i) Corporations

(ii) Trust

(iii) Government

(iv) Partnership

(v) Non-Government Organisations

(vi) Co-operatives

(vii) Society

(viii) Private Limited Company



(ix) Public Limited Company

(x) others, please specify-----

**5. Source of Funds:**

Business: ----- Salaried: ----- Others (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: \_\_\_\_\_ Name: \_\_\_\_\_ Designation \_\_\_\_\_ (DD-MM-YYYY)

**Disability Declaration**

I hereby declare that I have been duly authorized by the proposer to give this declaration and that I have fully explained the contents of the proposal form and all other documents incidental to availing of the insurance from Magma General Insurance Limited to the proposer. The same has been fully understood by me and the replies have been recorded as per the information provided by the proposer. Replies have also been explained, fully understood and confirmed by the proposer.

**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.