

PET HEALTH PAWLICY PROPOSAL FORM

If required, you need to share your Dog's health evaluation report with this form.

Please follow these guidelines to fill the proposal form-

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. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein. Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form. It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____

Intermediary Code: _____

Business Channel: Agency___ Banca___ Corporate/Broking___ Direct_____

RM/SP Name: _____

RM/SP Code: _____

RM/SP Contact No: _____

GSTN: If applicable _____

POSP PAN (if applicable): _____

PROPOSER DETAILS

1. Your Name	
2. Present address with PIN code	
Permanent address of the proposer (if left blank, will be construed as being same as Present Address)	

3. Policy Period (The policy will start on/after premium receipt date)	From: _____ for a period of one year therefrom To: _____
4. How many pet dogs do you have?	
5. CKYC Number (if available)	

Note- If you have more than one dog, then you must get insurance for each of them subject to their eligibility. The policy does not allow you to select dogs for insurance.

6. In case, you have any existing insurance for your dogs? If yes, then please share the details.

Name of the Insurance company:
In case of GCI please policy provide policy number :

In case of other Insurer please provide the following;
Claim Amount (for the last 3years) :
Reason of Claim :

7. Please share the following details for all your pet dogs.

Name of Pet Dog(s)	Sex(M/F)	Age (YY/MM)	Breed	Weight of the pet dog when it is 15-18 months old	Identification features/marks

8. Registration No. of Municipal Corporation/ deemed local Government authority/ Kennel club of India certificate or Tagging/Micro-chip No. (optional) If Micro-chip No is given, then you are eligible for discount.	Indian Breed: No / Yes _____ (Breed details if 'Yes')
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9. Sum Insured	Base Covers		
	Coverage	Description	Sum Insured (in Rs.)
	I	Surgery and Hospitalization Cover	
	II	OPD Cover- up to 20% of the Sum Insured of "Coverage I" or maximum amount of INR 20,000/-	
	Do you want to opt for higher co-pay of 20%/30%? No / Yes ----- (percentage opted)		
	Additional Covers		
	S.No	Cover	Sum Insured (in Rs.)
	1	Terminal Illness Cover	Same as Coverage I
	2	Lost and Stolen Cover	25% of the Sum Insured of "Coverage I"
	3	Long Term Care Cover	Same as Coverage I or Max Rs.50,000/-
4	Funeral Cost Cover	Rs.5,000/-	
5	Veterinary on Call (Home Visits)	Please select no. of visits: 5 visits/10 visits Please select amount per visit: Rs.1,000/ Rs. 2,000/- Do you want to opt for higher co-pay of 20%/30%? No / Yes Yes ----- (percentage opted)	
	6	Emergency Pet Minding Cover	5days (Per Day limit up to Rs.1,500/- max)
	7	Third Party Liability Cover	
10. Do you use your Dog (s) for Commercial Purpose?	Yes/No		
11. Is/Are your pet Dog(s) healthy?	Yes/No		

12. Is your Pet Dog (s) vaccinated?	Name of Vaccine	Is your dog vaccinated? (Yes/No)
	Rabies	
	Distemper	
	Hepatitis	
	Adeno Virus	
	Leptospirosis	
	Parainfluenza	
	Corona	
	Parvovirus	
	Others, please specify _____	
13. Does Your Pet Dog(s) suffer from any preexisting diseases/conditions?	Yes/No, If yes, then please share details _____	
14. Do you want to share any other information that is important for the policy?		

PAYMENT DETAILS

Mode of Payment	
Payment Details	
Amount in (Rs.)	
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)	

Please fill up the request for authorization form attached with this proposal form to receive claim/refund payments if any, directly into your bank account through NEFT if the premium amount is more than Rs.10,000/-

Note: 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.



Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

Nominee Details:

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*):

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION BY PROPOSER:

- i. 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 agree that this proposal and the declaration shall be the basis of the contract between me and GENERALI CENTRAL INSURANCE CO LTD (GCICL) and I/We agree to accept a policy, subject to the conditions prescribed by GCICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.

- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law."

OR

"I/We hereby confirm that the premium payment has been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account."

- iv. I/we am/are (please tick all that are applicable)
- High Net Worth Individual/s Non-Residential Indian/s Politically Exposed Person/s
- Non-Governmental Organization
- v. I agree to receive service-related information from GCICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCICL and/or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my relationship with GCICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCI may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCI hereafter. In case of any modification, the applicable information will be provided to GCI for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.



Date:

Place:

Signature of the Proposer(s)
(Affix stamp, where proposer is a juridical person)

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any nondisclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

_____ Intermediary's Code: _____ Intermediary's Signature _____

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and antibribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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:

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 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 punishable with fine, which may extend to Ten Lakhs Rupees.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800