

CAMEL INSURANCE PROPOSAL FORM

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

IMPORTANT GUIDELINES:

1. Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.
2. 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.
3. 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.
4. Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.

1. Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
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2. Name of the Proposer

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3. a. Present Address of the Proposer

3b. Permanent address of the proposer
(if left blank, will be construed as being same as Present Address)

State

Pin code

Telephone No

Mobile No

4. Animal Stabling Address (If Different)

State

Pin code

Telephone No

Mobile No

5. Occupation

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

<p>14.</p> <p>a) How many other animals do you own and of what type?</p> <p>b) Are they insured and if so with which insurer?</p> <p>c) If not why are they proposed for insurance now?</p>	
<p>15. Are any of the animals now proposed for insurance or have any other animals belonging to you been previously insured? If YES, state name of Company.</p>	
<p>16. Has any Company</p> <p>a) Declined insurance of any of your animals or</p> <p>b) Declined to renew the insurance</p> <p>c) Increased your premium or imposed special conditions on renewal?</p>	
<p>17.</p> <p>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</p> <p>b) Is any bank or other financing institution interested in the animal, If so, state</p> <p>i. Name and address of the bank</p> <p>ii. Amount of loan outstanding.</p> <p>c) Is/ are the animal/s proposed for insurance covered by any Govt. scheme? If so, state.</p>	

<p>i. Address of Govt. Agency Implementing the scheme</p> <p>ii. Amount of subsidy obtained from Implementing Govt. agency.</p>	
<p>18. Any other information material to the risk or the terms upon which cover might be offered.</p>	

19. DECLARATIONS

- 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)

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s
<input type="checkbox"/> Politically Exposed Person/s	<input type="checkbox"/> 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 authorized 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>

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, 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

20. PAYMENT DETAILS

Premium paid by Cash/ Cheque No _____ **Date:** DD/MM/YY
Bank _____

Amount (Rs.) _____

PAN _____ **(if premium payable is above Rs.1 lac (Please attach proof))**

Place: _____ **Date:** _____ **Proposer's Signature:** _____

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 paid is more than Rs 25000/-

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):

21. FOR INTERMEDIARY USE ONLY

Intermediary's Code:	Intermediary's Name:
POSP PAN (if available):	

FOR INTERMEDIARY DECLARATION

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 non-disclosure 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 anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, 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 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:** gcticare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800