

# PROPOSAL FORM

## CATTLE INSURANCE POLICY



Guidelines for completion of the form: 1. Please answer all the questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable. 2. Kindly contact SBI General's Offices or Agents for any doubts or clarifications on the proposal form.

**Note:** The liability of SBI General does not commence until this proposal has been accepted by SBI General premium has been paid and upon full realisation of the premium payment by the Company, regarding which acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the Insurance Cover shall become effective and the Insurance Cover shall only be effective from the date as intimated by the Company. If we do not accept this Proposal, we will inform you and refund any payment received from you without interest.

### INTERMEDIARY'S DETAILS (\* Mandatory Fields if Sales Channel Type selected is Banca)

Segment Type:  Corporate  Retail  SME Business Sector:  Urban  Rural  Social

Business Type:  New  Roll-Over  Renewal Sales Channel Type:  Agency  Direct

Sales Channel Code:  Specified Person's Code\*:

Specified Person's Name\*:  Agreement Code:

GSTIN/ISDN:  IF APPLICABLE

### PROPOSER'S DETAILS

1. Duration of Cover required:  1 Year  2 Years  3 Years

2. Policy Period: From  DDMMYYYY to  DDMMYYYY

3. Name of the Proposer\*:

4. Present Address\*: (Current Residing Address)

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

My Present Address is same as Permanent Address

Permanent Address\*:

City:  Village:

Gram Panchayat:  State:

PIN code:  Landmark:

5. Address if animals are stabled at other than above address:

Pincode:

Marital Status\*:  Married  Single Gender  Male  Female  Others

6. Contact Details\*: Mobile No:  Alternate Mobile No:

7. Email ID\*:  Date of Birth\*:  DDMMYYYY

8. Aadhaar Card No.\*:  PAN\*  /Form 60/61 (if Available)

9. Give the following particulars in full, of each of the animals proposed for Insurance (add extra sheets if required):

Type of Animal	Gender	Age	Description of the Animal			Market Value / Sum Insured	Ear Tag No.	Vaccination Details (if any)
			Colour	Breed of the Animal (Indigenous/ Cross-bred/Exotic)	Purpose of the Animal			
Cow, Buffalo, Stud Bull, Bullock	M/F							

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before conducting a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under licence. | Cattle Insurance UIN: IRDAN144RP0012V01201213


10. Please state whether a certificate of good health issued by a qualified Veterinary Doctor for each animal proposed for Insurance is attached  Yes  No

11. Please mention the existing diseases of the animal to be covered \_\_\_\_\_

12. Whether own Veterinary Service available?  Yes  No

13. Provide following information, in case of farm \ Is a qualified Veterinary Doctor employed to look after the animals?  Yes  No

14. Have you lost any animal/s during the last three years?  
If so state particulars.

Year	Cause of Loss	Number of Animals Lost

15. Previous Cattle Insurance Policy and Claims Experience (for the last three years):

Year	Type of animal (Cow, Buffalo, Stud Bull, Bullock)	Name of the Insurer	Claim Amount	Whether claim settled in Full or in Part or Outstanding or Repudiated.

16. Has any Company:

- Declined to issue a Policy to you?  Yes  No
- Declined to continue your Insurance?  Yes  No
- Imposed any restriction or special conditions? (If yes, please furnish the details)  Yes  No

17. Is any Bank or other Financing Institution interested In the animal?

If so, state Name of Bank  Location of the Branch:

18. Is/are the animal/s proposed for Insurance covered by IRDP or any other similar scheme? If so, state the name of the scheme:  Yes  No

19. Any other information material to the risk or the terms upon which cover might be offered:

20. Corporate: Yes  No  19. GSTIN/ISDN:  IF APPLICABLE

21. Are you or any of the proposed applicants are Politically Exposed Person?  Yes  No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

The digital copy of your policy document in PDF format will be sent to the registered mobile number or registered email ID. However, if you need a physical copy of the policy document, please send SMS "PRINT <Policy Number>" to 561612 from your registered mobile number.

## Nominee Details\*:

### Nominee 1

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

\*Mobile no.:  Email Id:

Percent of Claim Payable:

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Permanent Address:

\*Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Relationship with Nominee:  \*Date of Birth:

### Nominee 2

\*Name:

\*Relationship with Nominee:  \*Date of Birth of Nominee:

\*Mobile no.:  Email Id:

Percent of Claim Payable:

Permanent Address:

\*Bank details of nominee: Bank Name:  Branch Name:   
Bank Account Number:  IFSC Code:

\*Where Nominee is a minor, please give the details of Appointee/Authorized person.

\*Relationship with Nominee:  \*Date of Birth:

Note (\*) marked fields are mandatory

### Premium Details\*:

Mode of Payment: Cheque  EFT  Debit Card / Credit Card

Payment Details:

Cheque / Journal No.:  Date:

Bank Name:  IFS Code:

Bank Account Number:  Branch Name:

Card details: Master  Visa  Card No.:

Card Expiry Date:  Amount:

SBIGI does not accept Cash for Premium Payments against the Policy.

### Bank Account Details For Process Of Refund\*:

Cheque will be issued in the name of the Proposer only. In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your designated bank account. Please provide the following bank details and a copy of Cancelled Cheque: (Cancelled Cheque should be of the same bank account in which the refund / claim needs to be credited directly).

Name of Account Holder:

Bank Name:  Branch Name:

Bank Account No.:  IFSC Code:

MICR Code:

Note: The Proposer agrees and undertakes to intimate in writing to SBI General Insurance about any change in bank account details. If ECS is selected, please submit the standing instruction form available at our branches.

### KYC DOCUMENTS ATTACHED

Pan Card  Passport  Government UID  Voter's Identity Card  Aadhaar Card  Telephone Bill  
 Ration Card  Driving Licence  Electricity Bill  Utility bills not older than 2 months  Registration Certificate

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## Electronic Insurance Accounts Details:

I want Cattle Insurance Policy and related information in: Physical Format  e-Format (electronic)

I have eIA Number:

I don't have an eIA and I would like to apply for eIA with:

- (a) NSDL Database Management Ltd  (b) Centrico Insurance Repository Limited (Formerly Known as CDSL Insurance Repository Limited)
- (c) Karvy Insurance Repository Ltd.  (d) CAMS Insurance Repository Services Ltd

CKYC No (Central Know Your Customer Registry Number), (if available):

I, \_\_\_\_\_, hereby grant explicit consent to SBI General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that SBI General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name: \_\_\_\_\_

Date:

Kindly visit our website [www.sbigenral.in](http://www.sbigenral.in) to view the list of KYC OVD (Officially Valid Documents).

### AML Guidelines: (Premium Payment shall be made by the Policyholder of the Policy)

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the Company has the right to call for documents to establish source of funds. The Insurance Company has the right to cancel the Insurance Contract in case I am/have been found guilty by any competent court of law under any statues, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality:  Indian  Non-Indian  Non-resident Indian(NRI)  Others

If Non-Indian please specify the nationality and country address \_\_\_\_\_

If NRI please give details for resident country and address \_\_\_\_\_

**Type of Organisation:** (Only applicable if policy issued on Group Basis)

Corporation  Government  Non-Governmental Organisation  Society  Trust  
 Partnership  International Organisation  Cooperative  Section 25 Companies

I hereby declare that the current address is different from the available in the Central identities Data Repository.

Yes  No. Customer can submit CKYC form for updation.

Recent photograph of proposer:  
(Photograph is required. if customer does not have CKYC ID)

Signature of Proposer :

### AGENTS DECLARATION

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorised 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 response(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, the Company shall have the right to vary the benefits which may be payable and further more 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 premiums paid under the Policy may be forfeited to the company.

Licence No. \_\_\_\_\_

Date:

Place:

Signature of Agent:

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**VERNACULAR DECLARATION**

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by someone other than the Advisor/Employee of the Company). I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained to me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness) \_\_\_\_\_ (Relationship with the Proposer/ Primary Insured) \_\_\_\_\_ adult and inhabitant of (city) \_\_\_\_\_ and residing at \_\_\_\_\_ do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from SBI General Insurance Company Ltd., to the Proposer/Primary Insured and he/she/they have understood the same. I/We declare that whatever I/We have stated herein above is true and correct to the best of my/our knowledge and belief.

Licence No. \_\_\_\_\_

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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\_\_\_\_\_  
Signature of the Witness:

Signature/Thumb impression of the Proposer/Primary Insured

**DECLARATION**

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and complete in all respects and that there is no other information which is relevant to my application for Insurance for me or the person to be Insured that has not been disclosed to you. I /We and/or the person to be insured agree that this proposal and the declarations shall be the basis of the contract between me/us and/or the person to be Insured and SBI General Insurance Co. Ltd. and I/We and/or the person to be Insured agree to accept the cover in the usual form of Policy prescribed by SBI General Insurance Co. Ltd. and to pay premium.

I/We hereby extend my/our consent to the Company for sharing my/our personal data with the State Bank Group entities for specific purpose of availing services offered by the State Bank Group (please strike this clause in case you do not wish to disclose the personal data).

Date: 

D	D	M	M	Y	Y	Y	Y
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Place: 

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

**SECTION 41 OF INSURANCE ACT, 1938**

- 1. No person shall 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 in 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 up to ₹ 10 Lacs.





## AML Declaration as per AML Master Guideline 2022:

1. KYC Details for Individual Members covered under the Group Insurance:

"I/ We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required."

To be included as declaration by proposer /insured Section in all Proposal forms.

2. Please note, in absence of PAN, kindly provide Form 60/61 (irrespective of premium amount).

**Applicable to non Individual customers.**

3. Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr. No	Name of Ultimate Beneficial Owner	Percentage (%)*	Remarks, if any

**\*Notes:**

a) Where the client is a company, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has a controlling ownership interest or who exercises control through other means.

1. **"Controlling ownership interest"** means ownership of or entitlement to more than **ten percent of shares or capital or profits of the company;**

2. **"Control"** shall include the right to appoint majority of the directors or to control the management or policy decisions including by virtue of their shareholding or management rights or shareholders agreements or voting agreements;

b) Where the client is a partnership firm, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of/entitlement to more than ten percent of capital or profits of the partnership or who exercises control through other means.

Explanation - For the purpose of this clause, "Control" shall include the right to control the management or policy decision

c) Where the client is an unincorporated association or body of individuals, the beneficial owner(s) is the natural person(s), who, whether acting alone or together, or through one or more juridical person, has ownership of or entitlement to more than fifteen percent of the property or capital or profits of such association or body of individuals.

d) Where no natural person is identified under (a) or (b) or (c) above, the beneficial owner(s) is the relevant natural person who holds the position of senior managing official.

e) Where the client is a trust, the identification of beneficial owner(s) shall include identification of the author of the trust, the trustee, the beneficiaries with ten percent or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.