FUTURE DOG SURKSHA PROPOSAL FORM



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

IMPORTANT:

- 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

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9. Has any Company or Underwriter

(a) Declined insurance of any of your d	log/s? 🖸
(b) Declined to renew the insurance?	
(c) Increased your premium or impose	d special conditions on renewal? 2
10. Any other information material to the r	isk or the terms upon which cover might be offered.
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Payment details:	
Mode of Payment	
Payment Details	
Amount in (₹)	
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)	
Bank details of proposer for refund or claim	n purpose:
Name of bank account holder (mention spec	cifically, 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 co	nstrued as being same as Present Address))
Bank Account Details of Nominee:	
Name of Account holder:	
Bank Name & Branch:	

IFS Code:

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

PRF_DOGSR_Ver_08

Bank Account Number:

De	clarations:
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 FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
ii.	I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
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 FGIICL 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 have 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
٧.	I agree to receive service-related information from FGIICL 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 FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
vii.	I consent to the fact that FGII 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

viii.	valid, as on the date of applicable information we I/We/Proposer agree(s) related to this proposal a	this proposal, and can will be provided to FGII for that the information/data and the insurance policy to data will be handless	be used by FGII hereaf r updating the CKYC Reg a, contained in this prop that may be issued here	e in the CKYC Registry are current a ter. In case of any modification, t istry Records. losal, shall be processed for purpos on. I/We/Proposer understand(s) th ICL Privacy Policy, available	the ses hat
Propo	ser's Signature:	Place:	Date:		
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Persor of this has be insura in this option	n of the Broker/IMF, declar s proposal form, including een, further, informed to t nce between FGIICL and the proposal form or there had of FGIICL, be treated as n	te that I have explained the the nature of the question the proposer that the delete proposer. It has, also, be as been any non-disclosull and void and the pren	ne product features, incloses and the responses stails provided herein shaden explained that if an ure of material facts, the nium amount against the	n of the Corporate Agent/Authorized uding its suitability, and the content ubmitted thereto, to the proposer nall form the basis of the contract y untrue response(s) is/are contain ne policy issued thereon shall, at the policy may be forfeited by FGIICL.	nts r. It of ned the
Name	of Insurance Agent/POSP/	Specified Person of the C	orporate Agent/Authori	zed Person of the Broker/IMF:	
Interme	diary's Code:				
Interm	nediary's Signature				
FGIICL		•	•	ng, counter-financing of terrorism a ol/platform for financial crimes. T	

policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant

records/information/assistance, as may be necessary to address the anti-financial crime practices.

Proposal form_Future Dog Suraksha UIN: IRDAN132RP0007V01200910 PRF_DOGSR_Ver_08

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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.

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.



Future Generali India Insurance Company Limited, IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287 Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Website: https://general.futuregenerali.in | Email: facare@futuregenerali.in

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