

## FUTURE VIVAH SURAKSHA PROPOSAL FORM

**IMPORTANT GUIDELINES:** 1. 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. 2. This form can be used to apply for Future Vivah Suraksha Policy. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the 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) \_\_\_\_\_

<b>Name of the Insured</b>			
<b>Address of the Insured</b>			
<b>Contact Nos.</b>			
<b>Wedding Date &amp; Time of Mahurat</b>			
<b>Is the date on any public holiday, death anniversary, birth anniversary of any politically influential person (dead or alive)</b>			
<b>Have the cards been printed</b>		Yes / No if Yes pl. attach one	
<b>How many people are invited for the function</b>			
<b>Full Name of the Bride</b>			
<b>Age</b>			
<b>Full Name of the Groom</b>			
<b>Age</b>			
<b>Names of Blood Relations</b>			
<b>Relationship</b>	<b>Name</b>	<b>Age</b>	
Father of the Bride			
Mother of the Bride			
Sister of the Bride			

Sister of the Bride		
Sister of the Bride		
Brother of the Bride		
Brother of the Bride		
Brother of the Bride		
Father of the Groom		
Mother of the Groom		

Sister of the Groom		
Sister of the Groom		
Sister of the Groom		
Brother of the Groom		
Brother of the Groom		
Brother of the Groom		

<b>Is any one in above list seriously ill / in hospital / has a known medical problem</b>	
<b>Venue of the Wedding (Address)</b>	Tel:
<b>Is the venue an official regular location</b>	Yes/ No If No then pl. describe the venue
<b>Any known hazards at / surrounding the venue: (e.g.: sensitive area, high rise location etc.)</b>	
<b>Is the venue being officially booked and the advances paid</b>	Yes / No
<b>How Much percentage Amount</b>	
<b>Indoors/ Outdoors (If outdoors is there any provision made for a waterproof cover)</b>	
<b>Fire fighting equipments at the venue</b>	
<b>Emergency escape exits</b>	Yes / No How many?
<b>Security arrangement</b>	Yes / No How Many

<p><b>Is there going to be any cooking at the venue</b></p>	<p>Yes / No If Yes. Is it in a separate identified enclosure or within the same enclosure?</p>
<p><b>Safety Precautions</b></p>	
<p><b>Is the Residence of the insured &amp; venue of the wedding going to be decorated?</b></p>	<p>If yes pl. give break up of the costs involved: <b>Residence</b> a) Lighting and related equipments: Rs. _____ b) Mandap / Tents: Rs. _____ c) Sets &amp; decorations: Rs. _____ d) Others: Rs. _____ <b>Total Rs.</b> _____ <b>** Proof of expenses is required during claim</b></p>
<p><b>Please provide break up to the cost of the Wedding as under</b></p>	<p>a) Card Printing &amp; Postage / Courier Rs. _____ b) Catering charges Rs. _____ c) Venue charges Rs. _____ d) Music / Decoration &amp; Mandap Charges Rs. _____ e) Hotel rooms &amp; lodging charges Rs. _____ f) Transportation &amp; Travel charges Rs. _____ g) Any other charges Rs. _____ <b>Total Rs.</b> _____ <b>** Proof of expenses is required during claim</b></p>

<p><b>Are any Jewelry, precious, money, metal &amp; stone and expensive appliance given to the bride &amp; groom (only of the insured's and not of the in law to be) which is kept / stored at the insured residence.</b></p>	<p>If yes,</p> <p>a) Please provide detailed description along with a valuation certificate and if possible a photograph of the items.</p> <p>b) Is it stored in a safe or a locker in the residence?  YES / NO if no then what arrangement is made</p> <p>c) Is there security arrangement at the residence?  YES / NO if no then what arrangement is made</p>
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<b>Sum Insured</b>	
<b>Section I: Wedding Cancellation &amp; Postponement</b>	
<b>Section II: Damage to Property</b>	
<b>Section III: Personal Accident</b>	
<b>Section IV: Money</b>	
<b>Section V: Burglary</b>	
<b>Section VI: Public Liability</b>	
<b>Period Of Insurance</b>	From _____ To _____

Signing this proposal does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance of the subject thereof, the entire policy shall be void. Any material change in Company's exposure must be reported immediately.

**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)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

**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 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  
 Jeweller/s     Non-Governmental Organization     Film Actor/s  
 Producer/s

v. 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 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 FGII hereafter. In case of any modification, the applicable information will be provided to FGII for updating the CKYC Registry Records.

**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, 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

### 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 FGIICL 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 FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

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

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The 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.

### 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.



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