

# MARINE CARGO-SPECIFIC POLICY 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 MARINE CARGO-SPECIFIC 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.

Note: All questions are compulsory. Pease fill up using BLOCK LETTERS. This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. FOR OFFICE USE: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_ Intermediary Name: \_\_\_ Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct RM/SP Code: RM/SP Name: RM/SP Contact No: GSTN: If applicable POSP PAN (if applicable) **Period of Insurance** From M To M Name of the Proposed Insured (in full) Address of the Proposed Insured State Pin code CKYC Number (if available) Details of cargo to be Insured a. Merchandise or Goods to be insured b. Nature of Packing. (If in Containers-LCL/FCL, please c. Fragile items (please give details and separate value) d. Voyage/Transit Exports : From \_\_\_\_\_\_ to\_\_\_\_\_ Import : From \_\_\_\_\_ to \_\_\_\_ Domestic: From\_\_\_\_ to

Transshipment &/ or storage if any (specify place and

f. Name of the Vessel g. B/L, AWB, RR/CN no. and date

Basis of valuation

e. Mode of conveyance

h. Invoice No. and Date

i. period)  $\square$  Sea  $\square$  Air  $\square$  Closed  $\square$  Rail wagons  $\square$  Covered trucks  $\square$  Courier

□ Post □ Others (please specify)

CIF / FOB /C&F +



k. Value declared for insurance	In foreign currency-
	In Indian Rupees-
l. Terms of cover (e.g. All risk, basic, war & SRCC)	
m. Specify LC wordings, if any, to be incorporated	
n. Any other details about the risk	

Note: For second hand machinery the basis for arriving at the value declared for insurance should be mentioned.

### 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/-

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.

#### **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/
□ Ieweller/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.

Propose	er's Signature: _		_ Place:			_ Date	:						
	vnload and save	tiative, we will se the digitally sign											
For Inte	ermediary Use (	Only											
declare question form the containe	that I have explains and the response basis of the condition of the condition this proposation.	ny capacity as an ained the product ses submitted the ntract of insurand form or there hand the premium	t features, ereto, to the ce between as been any	including proposer FGIICL non-disc	its su It has and the losure	itabilits been, ne proper of ma	y, and the co further, info poser. It has, terial facts, t	ontents of this ormed to the praise, been ex he policy issue	propos roposer plained	al form, i that the de that if any	ncludi etails p y untro	ing the provide ue resp	e nature of the ed herein shall bonse(s) is/are
Name	of Insurance	Agent/POSP/S	Specified	Person	of	the	Corporate	Agent/Auth	orized	Person	of	the	Broker/IMF:
Intermed	diary's Code:		_										
Intermed	liary'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.





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: <a href="https://general.futuregenerali.in">https://general.futuregenerali.in</a> | Email: <a href="mailto:focare@futuregenerali.in">focare@futuregenerali.in</a> | Emailto: <a href="mailto:focare@futuregenerali.in">focare@futuregenerali.in</a> | Focare@futuregenerali.in</a> | Focare@futuregenerali.in</a> |