

## 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:  Banca  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         to

3. Name of the Proposer:

4. Address of the Proposer:   
  
 Pincode:

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

6. Aadhaar Card No.:

7. 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							

8. Please state whether a certificate of good health issued by a qualified Veterinary Doctor for each animal proposed for Insurance is attached  Yes  No
9. Please mention the existing diseases of the animal to be covered \_\_\_\_\_  Yes  No
10. Whether own Veterinary Service available?  Yes  No
11. Provide following information, in case of farm \ Is a qualified Veterinary Doctor employed to look after the animals?  Yes  No

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | 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. | UIN: IRDAN144CP0007V01201819. ADVT. NO. ADPRO/20-21/MAY/169.

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

Year	Cause of Loss	Number of Animals Lost

13. 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.

14. 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

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

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

16. 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

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

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

**ELECTRONIC INSURANCE ACCOUNT DETAILS SECTION**

I want Cattle Insurance Policy and related information in:  Physical Format  e-Format (electronic); as & when applicable.

Choose your Insurance Repository (For those selecting e-Format)

NSDL Data Management Ltd.  CDSL Insurance Repository Ltd.  Karvy Insurance Repository Ltd.  CAMS Repository Services Ltd.

I have an e-Insurance Account & the No. is

My CKYC No. (Central Know Your Customer Registry Number) is  (If available).

**PAYMENT DETAILS (Claim/Refund amount will be deposited in this Bank Account only unless changed subsequently)**

Please draw your Cheque (A/c payee only) in the name of "SBI General Insurance Company Limited" (\*Mandatory fields)

Cheque No./DD No.:  Amount:  Date:

Bank Name:  Branch:

Bank Account No.\*:  IFSC Code\*:

**AML GUIDELINES**

I/We hereby confirm that all premiums have been/ will be paid from bona fide sources and 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 statutes, directly or indirectly governing the Prevention of Money Laundering in India.

Nationality: Indian/ Non- Indian

If Non-Indian, please specify the Country: \_\_\_\_\_

Type of Organisation: Corporation/Government/Non-Governmental Organisation/Society/Trust/Partnership/ International Organisation/Cooperative/Section 8 Companies.

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## 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 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.

## DECLARATION (If signed in vernacular language / If you have affixed thumb impression above)

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) \_\_\_\_\_ 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 declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief.

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

## CATTLE INSURANCE POLICY

### Cattle Insurance Policy – Veterinary Doctor's Certificate Format

1. Name of the Proposer:

2. Address of the Proposer:   
 Pincode:

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

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

Type of Animal Cow, Buffalo, Stud Bull, Bullock	Gender M/F	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			

The above mentioned animal (s) was/were carefully examined by me on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ A.M./ P.M. and found to be in sound health. I certify that the animal (s) is/ are free from any pre-existing illness, injury and are in a fit condition for Insurance. I certify that the cost of the animal (s) mentioned above is reasonably accurate.

Signature the Veterinary Doctor: \_\_\_\_\_ Date:         Name:

Designation:  Qualification:  Registration Number:

Address:   
  
 Pincode:

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