

HDFC ERGO General Insurance Company Limited



PROPOSAL FORM FOR CATTLE INSURANCE

(All fields are mandatory and fill in CAPITALS only)

*Name the Insured Member: _____
 *Address: _____
 Pin Code: _____ *Business Type : New Renew *Policy Period: 1 Year/ 2 Year/ 3 Year *Loan A/c No.: _____
 *Master Policy Number _____ *Intermediary Code _____ *Date of Issuance _____
 *Coverage Period From: 00:01 Hrs of _____ To Midnight of _____ *Case ID _____
 *Territory of Insured: WITHIN INDIA _____ *Hypothecation : Yes / No _____ *Scope of Cover: Death only Death + PTD
 *Premium Details: Rate of premium Inclusive of service tax (%) _____ *Service tax charged (%) _____
 *Total Base Premium _____ *Total Premium (Inclusive of Service Tax) _____ *Mode of Payment: Cheque/ DD/ Fund Transfer/ Others _____
 *Instrument Details: Payee Details _____ *Instrument No. _____ *Instrument Date _____
 *Special Conditions (if any) _____ Authorised Signatory _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder: _____ Bank Account No. _____
 Name of Bank: _____ Branch: _____ Account: Savings/ Current
 MICR Code (Ø digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
 IFSC Code (Ø1 character code appearing on your cheque leaf) _____
 I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*
 *As per the IRDA, its mandatory that all payments made to the insured only through electronic mode.
 (Fields marked (*) are mandatory)

VETERINARY HEALTH CERTIFICATE

Sr.	Cattle	1	2	3	4	5	6
1	Tagging date*						
2	Tag no.*						
3	Type of Cattle*	Cow / Buffalo	Cow / Buffalo	Cow / Buffalo	Cow / Buffalo	Cow / Buffalo	Cow / Buffalo
4	Breed*	Ind / CB#	Ind / CB#	Ind / CB#	Ind / CB#	Ind / CB#	Ind / CB#
5	Breed name						
6	Natural remark/ Color **						
7	Age*						
8	Milk yield						
9	Purpose of Rearing						
10	Lactation no.*						
11	Last date of Parturition						
12	Pregnancy status						
13	If pregnant, specify trimester						
14	Health -- Good/Fair/Weak						
15	Insurance recommendation						
16	Market Value						
17	Sum insured*						

#Abbreviation: Ind - Indigenou CB - Cross Breed **Black - 01, White - 02, Brown - 03, Spotted - 04

*Name of Veterinary Surgeon / Authorized Person	Signature of Veterinary Surgeon with stamp / Insurance company's Authorized person
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Declaration form By Beneficiary

My Cow/ Buffalo/ Bull/ Bullock examined for cattle insurance has been ear tagged (Tag No.) in my presence & Health evaluation certificate is issued and henceforth I will responsible for maintenance of the ear tag & further certificate of insurance issued for insurance of cattle. I confirm that the information recorded is true and correct to the best of my knowledge and belief.
Note: We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.) You are obliged to inform HDFC ERGO General Insurance Company Ltd without any delay & in writing all changes in your or any other proposed members' state of health between the filing of this application form & inception of your insurance cover. If you are in any doubt, please seek the advice of your insurance advisor.
 I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.
Fraud Warning: This policy shall be voidable at the option of the Company in the event of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person.
 Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.
Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:
 1. 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 policy in respect of any kind of risk relating to lives or property in India, any rebate of the 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 prospectus or tables of the insurer.
 2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.
 The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company.

 Name of the Proposer

 Signature of the Proposer

Acknowledgement Copy

*Name the Insured Member: _____ *Address: _____
 *Loan Ac No.: _____ *Tagging Date: _____

*Tag No.:	(C/B)	(C/B)	(C/B)	(C/B)	(C/B)	(C/B)
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*Name of Veterinary Surgeon / Authorized Person	Signature of Veterinary Surgeon with stamp / Insurance company's Authorized person
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