

VIVAH SURAKSHA POLICY PROPOSAL FORM

IMPORTANT GUIDELINES:

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 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.**
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) _____

Name of the Insured	
Address of the Insured	
Permanent Address of the Insured (if left blank, will be construed as being same as Present Address)	
Contact Nos.	
CKYC Number (If Available)	
I am (please tick all that are applicable)	☐ High Net Worth Individual/s ☐ Non-Residential Indian/s ☐ Politically Exposed Person ☐ Non-Governmental Organisation ☐ Non-Profit Organisation
If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number: _____	

[^]Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

If you are Differently Abled, please tick on the checkbox to provide confirmation. ☐ Yes ☐ No		(If Yes, kindly provide the below details) i Type of Impairment: _____ ii Percentage of Impairment: _____ iii UDID Number: _____	
Wedding Date & Time of Mahurat			
Is the date on any public holiday, death anniversary, birth anniversary of any politically influential person (dead or alive)			
Have the cards been printed		Yes / No If Yes, please attach one	
How many people are invited for the function			
Full Name of the Bride			
Age			
Full Name of the Groom			
Age			
Names of Blood Relations			
Relationship	Name	Age	
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		
Is any one in above list seriously ill / in hospital / has a known medical problem		
Venue of the Wedding (Address)		
	Tel:	
Is the venue an official regular location	Yes/ No If No, then please describe the venue	
Any known hazards at / surrounding the venue: (e.g.: sensitive area, high rise location etc.)		
Is the venue being officially booked and the advances paid	Yes / No	
How Much percentage		
Amount		
Indoors/ Outdoors (If outdoors is there any provision made for a waterproof cover)		
Firefighting equipments at the venue		
Emergency escape exits	Yes / No How many?	
Security arrangement	Yes / No How Many	
Is there going to be any cooking at the venue	Yes / No If Yes, is it in a separate identified enclosure or within the same enclosure?	
Safety Precautions		

Is the Residence of the insured & venue of the wedding going to be decorated?	If yes pl. give break up of the costs involved: Residence a) Lighting and related equipments: Rs. _____ b) Mandap / Tents: Rs. _____ c) Sets & decorations: Rs. _____ d) Others: Rs. _____ Total Rs. _____ ** Proof of expenses is required during claim
Please provide break up to the cost of the Wedding as under	a) Card Printing & Postage / Courier Rs. _____ b) Catering charges Rs. _____ c) Venue charges Rs. _____ d) Music / Decoration & Mandap Charges Rs. _____ e) Hotel rooms & lodging charges Rs. _____ f) Transportation & Travel charges Rs. _____ g) Any other charges Rs. _____ Total Rs. _____ ** Proof of expenses is required during claim

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

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention*

specifically, 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 construed as being _____

same as Present Address) _____

Bank Account Details of Nominee: _____

Name of Account holder: _____

Bank Name & Branch: _____

Bank Account Number: _____

IFS Code: _____

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

DECLARATIONS

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.
- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, 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. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

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

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

GCICL 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 GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL 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.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800