

## CLAIM FORM FOR LIVESTOCK INSURANCE POLICY

(The issue of this form is not to be taken as an Admission of Liability)

Office Address:	CoverNote/PolicyNo : PeriodofInsurance : Date ofDeath : Claim Number :
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**Please Answer all Questions Completely**

### SECTION 1

<b>a) Details of owner of Insured Cattle</b>	
1 Name	
2 Address for correspondence	
3 Contact Number	
4 Aadhar No (Copy Mandatory)	
5 PAN No (Copy Mandatory)	
<b>b) Details of the animal Insured</b>	
1 Tag /RFID Number of Insured Animal	
2 Breed	
3 Age	
4 Colour	
5 Identification Marks	

1. **Type of claim:** Death

2. **In Case of Death:**

• **Reasons for Death:** \_\_\_\_\_

• **Details for Accidental Death:** \_\_\_\_\_

Place, Date and Time of Accident: \_\_\_\_\_

Details of Accident: Attach separate sheet

Whether Reported to Police: [Yes / No], if yes Time of Report: \_\_\_\_\_

Date and Time of Death: \_\_\_\_\_

• **Details for Other Disease Related Death:**

Time of Disease: \_\_\_\_\_

Treatment Given: Attach separate sheet

Details of the Doctor

Contacted: \_\_\_\_\_

Date and Time of Disease Incidence: \_\_\_\_\_

3. **In case of permanent total disablement**

1. Type of disablement: \_\_\_\_\_

2. Reason for disablement: \_\_\_\_\_

3. Medical Treatment given: \_\_\_\_\_

**I hereby agree, affirm and declare that:**

- (a) The statements/information given/stated by me in this claim form are true, correct, and complete.
- (b) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- (c) If I have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present, or future.
- (d) The receipt of this claim form/others supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place: \_\_\_\_\_

Date: |D|D\_||M|M||Y\_|Y\_|Y\_|Y\_|

Thumb imprint/Signature of the Animal Owner

**Documents required to be submitted:**

- i. Duly completed claim form
- ii. Identification tags of Insured Animal
- iii. Postmortem Report from veterinary doctor containing the name of disease & reason for death
- iv. Three photographs of minimum 6" X 4" size of the Insured Animal. Photograph must be such that Identification tag number should be clearly visible in one, one for whole body of animal with tag being visible & one photograph should be of farmer along with dead animal. Group photograph shall not be admitted for registration of claim
- v. In case of death due to any disease (if specifically covered under the Policy) all the papers in connection with the Treatment, Diagnosis & Vaccination record received from a Veterinary doctor
- vi. In case of death due to Vehicular accident, FIR, Spot Panchnama, Closing Report from the Police.
- vii. Certificate of insurance/policy copy in original.

**SECTION II (TO BE COMPLETED BY AUTHORISED VETERINARY)**

1. Name and address of the authorized Veterinary doctor	
2. In case of death, date of admission of dead animal	
3. Date of medical examination of dead animal	
4. (i) Reason of death	
(ii) if any flock death	Yes/No,
(iii) Particulars of medical examination conducted	
(iv) Remarks and comments	
(v) Treatment Given	Yes / No, If yes provide in attached format.
5. Animal market value at the time of death	

I hereby certify that the above-mentioned animal belonging to Shri/Smt. \_\_\_\_\_ of village \_\_\_\_\_ died on \_\_\_\_\_ due to accident/disease as confirmed by Postmortem and Observation of carcass.

Date: |D|D\_||M|M||Y\_|Y\_|Y\_|Y\_|

Signature of Vet Doctor:

\_\_\_\_\_

Name:

\_\_\_\_\_

Qualification:

\_\_\_\_\_

Registration

No:

\_\_\_\_\_

Address: \_\_\_\_\_