

General Insurance

Cattle Insurance Policy Claim Form

Claim No.

Policy No. Period From Period To

Date of Registration

Area Office/Service Centre Code

Broker/Agent Name Code

Details of Insured (To be filled in BLOCK CAPITALS)

- Insured's Name Mr. Mrs.
- Address
Flat/Building/Door/Block No.
Road/Street/Sector
Nearest Landmark
Area
City Pin Code
State Country
Phone Mobile
Email PAN No.
- Date of Birth 4. Gender M F
- Profession/Occupation Business Profession Salary Agricultural Income Savings Others
- Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,000 and above
- UID Aadhar No.

Details Animal Insured

- When was the Animal first seen ill?
- Veterinary Inspection:
When was notice sent to Veterinary?
When first and last seen by Veterinary?
Date of attendance
Name of Veterinary Surgeon Dr.
Address of Veterinary Surgeon
- Date of birth Place of birth Time of birth
- Cause of Death:
If from disease, nature of disease
If from accident, how did it occur?
If operated upon recently, state, nature and date, also name of surgeon
- Purpose for which used or employed last at work.
- Did you breed or buy the Animal
- Date of last Calving
- If bought state
From whom
Date of purchase
Price Rate

Policy Details

16. Sum Insured ₹
17. Amount of claim ₹
18. Is the insured elsewhere
19. Are you receiving compensation from any other source? If so, from whom? Yes No

Injury Details

20. a. If animal has not died, describe the nature of injury / disease and state when it occurred and its duration.
- b. Has this injury/disease resulted in permanent incapacity to conceive or yield milk?
- c. What steps were taken by you after the injury / disease was noticed to prevent the permanent incapacity to conceive or yield milk.

Policyholder Bank Details

21. Name of the Bank Account Holder
22. Bank Account No.: 23. Account: Saving Current
24. Name of the Bank
25. Branch
26. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
27. IFSC Code (11 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 IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

Declaration

I/We the above named to hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care was given to the animal. I / We agree that if I/We have made or in any further declaration the Company may require in respect of the said claim shall make any false statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

Witness:

Name :

Signature :

Signature of the Insured Person/Claimant

Date

Address:

I hereby declare and consent that the discharge Vouchers signed by the banker in respect of the above claim will be a valid and effective discharge given by me in full and final settlement of the above claim