

CLAIM FORM OF PASHU NUKSAN KAVACH

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

Office Address:	Policy No. :
	Period of Insurance :
	Date of death/still birth :
	Claim Number :

Please answer all questions COMPLETELY

SECTION 1

a) Details of the Owner of Insured Livestock		
1	Name	
2	Address for correspondence	
3	Aadhar No.(Copy Mandatory)	
4	PAN	
5	Contact Number	
b) Details of the Livestock Insured		
1	Tag/RFID Number of Insured Livestock	
2	Species of the Livestock	
3	Colour of the Livestock	
4	Identification Marks, if any	

1) Particulars of Claim:

A. Type of Claim: Death / Still Birth

- Reasons for Death:
- Details for Accidental Death:
 - Place, Date and Time of Accident:
 - Details of Accident:
 - Whether Reported to Police: [Yes/No], if yes, Time of Report.....
 - Date and Time of Death:
- Death due to Illness:
 - Symptoms during illness:
 - Treatment Given:
 - Details of the Veterinary Doctor contacted:
 - Date and Time of Illness/symptoms:

- Details of Still birth:
 - Treatment Given:
 - Reason for still birth:
 - Date and Time of still birth:
- Any other information:

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/other 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.
- (e) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity/address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place:

Date: DD/MM/YYYY

.....
Thumb imprint/Signature of Livestock 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) Two Photographs of minimum 6"x 4" size of the Insured Animal. Photographs 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 photographs shall not be admitted for registration of claim.
- v) In case of death due to any disease all the papers related to treatment, diagnosis & vaccination record received from a veterinary doctor.
- vi) In case of death due to vehicular accident –FIR, Spot Panchnama, Closing Report from Police.

SECTION II (TO BE COMPLETED BY AUTHORISED VETERINARY OFFICER)

1	Name and address of the Veterinary Officer	
2	In case of death, date of admission of dead Livestock	
3	Date of medical examination of dead Livestock	
4	i) Reason of death	
	ii) Particulars of medical examination conducted	
	iii) Remarks and comments	
	iv) Treatment Given [Yes/No]	If Yes, please share the details

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:

Signature of Vet Doctor:

Name:

Qualification:

Registration No.:

Address: