



SURAKSHA AUR BHAROSA DONO

CATTLE INSURANCE POLICY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delays dispatch of this form and such particulars may be sent later.

Policy Number: _____ Claim No. _____

A. DETAILS OF INSURED

Name _____	City _____
Address _____	State _____
_____	Pin Code: _____
Phone No. _____	Mobile No. _____
Email : _____	
Business /Occupation _____	
Policy Period	From __/__/____ To __/__/____

B. DETAILS OF INSURED ANIMAL

Ear-Tag No. & date of Tagging	Type of animal	Gender	Breed	Color	Natural Marks	Age	Value Prior to Illness
SBIG /							

Date of Injury/ Sickness / Death _____

Is the Animal/s insured under SFDA/MFAL/DPAP/IRDP/GOI etc. YES ☐ NO ☐

Is the Animal Financed by Bank / Financial Institution, If Yes, specify, Name and Address of the Bank/ Financing Institution _____.

Detail the Circumstances leading to the Injury / Sickness / Death of animal _____

C. DETAILS OF OTHER INSURANCES

Give details of other Insurance's, if any, covering affected property _____

D. DETAILS OF PREVIOUS LOSSES

Give details of Previous Claims, if any, _____

E. DETAILS PERTAINING TO THE LOSS

1. When was the animal first seen ill/ injured?	____/____/____
2. When was notice sent to the Veterinary Doctor?	____/____/____
3. When first and last seen by Veterinary Doctor?	
4. Date/s of attendance?	
5. Name and address of Veterinary Doctor who attended?	Phone/ Mobile No:
6. Place of Death /PTD with Date and Hour (Attach photographs of the carcass)	____/____/____, ____:____ AM/ PM
7. Cause of Death/ PTD: (specifically mention the disease) a) If from disease, how do you account for it? b) If from accident, how did it occur and who was in charge of the animal? c) If operated, state nature of operation, date and name of Vet. Surgeon?	
8. Purpose for which the animal is used at the time of death/ PTD?	
9. a) Did you breed or buy the animal? b) If bought, state from whom purchased, date of purchase and price paid.	
10. Date of last Calving?	____/____/____
11. a) Is the animal insured elsewhere? b) Is compensation being received form any other source, If so from whom ?	
12. a) If animal has not died, describe nature of injury/ disease and state when occurred? 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 permanent incapacity to conceive or yield milk?	

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information, if yes, please specify : _____ _____

I/We the above named do 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 accident, disease 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.

Date:**Place:**Signature of Witness (*in case of thumb impression only*)**Signature/ Thumb impression of Insured**

CERTIFICATE BY VETENIARY / PANCHANAMA OF DEATH

(Post Mortem is to be conducted and Report to provided separately)

*** While providing the below details please strike out whichever is not applicable.**

I confirm that I was informed of the death of the Milch Cattle identified with **Ear-Tag No.: SBIG -** _____ belonging to Mr/ Mrs. _____ of Village _____ on ____/____/____ at ____:____.

The animal reportedly died on ____/____/____ at ____:____. The Post-Mortem & Panchanama was conducted by me on ____/____/____ at ____:____ Place _____.

The Ear-tag was Intact / Not-Intact / Not Available on the ear of the animal at the time of conducting the Post-mortem.

The animal was suffering with the disease / illness from ____/____/____. The animal was TREATED / NOT TREATED by Me/ Dr. _____, Designation: _____, at the Farm / Govt. Veterinary Hospital _____.

If Treatment was given, please provide particulars of the treatment below:

Date	Medicines / Drugs Prescribed	Indications / used for	Purchased at (if not provided by GVH)

- I opine that there is No Delay / Delay of _____ days, in providing treatment to the animal.
- I opine that the animal was Not Provided / Provided sufficient feed & fodder, nutrients and minerals before and during treatment.
- I confirm / cannot confirm that the animal was given preventive vaccinations as per the prescribed schedule.
- I confirm / cannot confirm that the medicines, drugs and the procedures followed by the attending veterinary doctor are wholly in accordance with the treatment necessary for treating the disease / accident diagnosed.

Basing on the findings in the Post-mortem of the deceased animal (*submit Photos if taken*) and the physical and clinical record findings, I hereby confirm to the best of my professional knowledge and belief that the animal died due to _____ Disease / Accident / Procedure.

Market Value of the Animal before contacting the disease and/ or accident was Rs. _____/-

Additional Observations, if any:

1.

2.

Date: ____/____/____

Seal and Stamp

Signature of Authorized Veterinary Officer

Name: Dr.

FOR SBIG OFFICE USE ONLY

PM Report received on:

Claim No:

Claim Form received on:

CATTLE CLAIM INSPECTION REPORT

I/ We confirm that we were informed that the Milch Cattle identified with **Ear-Tag No.:** SBIG - _____ in **Schedule No.** _____ under **Sl.No.** _____ of **Policy No.** _____ belonging to Mr /Mrs. _____ Village _____ died on ____/____/____ at ____:____

Claim Intimation Date & Time		Date:	Time:	Place
Inspection of Carcass Date & Time		Date:	Time:	Place
Is there a delay in conducting Inspection?		YES / NO		
Description of Animal Inspected Physically				
Ear-Tag No.	Type of Animal	Gender	Breed	Color
Information and Proof of Intactness of the Eartag and Identification of the Animal				
During physical Inspection, is the Ear-tag found intact on the Ear of dead/ injured animal?			YES / NO	
Photographs confirming the dead/ injured Animal Identity		1. Close-up Photo of dead/ injured animal with the Ear & Intact Eartag		
		2. Photo of Dead/ injured animal with Insured before removing Eartag		
		3. Photo of Dead/ Injured animal after removing Eartag		
		4. Close-up Photo of Intact Ear with Eartag		
Is the animal the same that has been tagged at the time of proposing insurance?		<i>Check with photos taken at the time of Tagging for Insurance and confirm.</i>		YES / NO
Removal of Intact Eartag with the Ear?		1. Remove Intact Eartag with full Ear		
		2. Eartag dehydrated and preserved for verification		
Enquiry Information as to whether the animal was treated for the disease / ailment / accident				
Since when was the animal suffering from Disease / Illness / Accident		Veterinary Doctor		
		Insured		
		Locals		
Proof of Treatment		Veterinary Hospital records		
		Society Doctor Report		
		Medical Bills		
If animal was not treated, give explanation of the Insured for not getting it treated?				
Productivity of the animal at the time of death/ PTD		No. of liters of milk / day		
		To whom was the milk poured		
Who financed the animal? Enquire with Insured		M/s. _____ Place: _____		

The following are being submitted with this report:

1. Claim Form filled by the Insured
2. PM Report issued by the Veterinary Doctor
3. Intact Eartag with the Ear
4. Photographs of the Dead Animal and Eartag.
5. Any other: _____

Specific Comments:

I / We hereby confirm to the best of our knowledge and belief that the death is Genuine / NOT Genuine.

Date: _____ **Seal and Stamp** _____ **Name** _____ **Signature of Inspection Officer** _____

FOR SBIG OFFICE USE ONLY

Inspected On: _____ **Claim No:** _____
Inspection Report received on: _____ **Ear-Tag Verified on:** _____