

SBI GENERAL LIVE STOCK 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 _____	
Address _____	City _____
_____	State _____
_____	Pin Code: _____
Phone No. _____	Mobile No. _____ Email: _____

B. DETAILS OF INSURED ANIMAL

Identification Tag No.	Sex M/F	Breed	Colour	Natural Marks	Age Yrs	Value Prior to Illness
				Horns: L _____ R _____ Tail -		Rs.

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 _____

D. DETAILS PERTAINING TO THE LOSS

1. When was the animal first seen ill?	____/____/____
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 & contact no of Veterinary Doctor who attended?	
6. Place of Death with Date and Hour (Attach photographs of the carcass)	____/____/____, ____:____ AM/ PM
7. Cause of Death: (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 was used at the time of death?	
10. Year of last Calving?	____/____/____

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?	
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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 VETERINARY / 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 Livestock 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 at the time of its Death can be 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:

INDICATIVE LIST OF DOCUMENTS FOR PROCESSING CATTLE CLAIMS

For Death Claims:

1. Duly completed Claim Form & certificate of Death from qualified Veterinarian forming part of Claim Form.
2. Post-Mortem Report issued from qualified Veterinarian
3. Photograph of Dead Animal before removing Ear-tag
4. Photograph of Dead Animal after removing Ear-Tag
5. Intact Ear-tag
6. Investigation Report, if any.
7. Joint Discharge Voucher from Insured and Bank, as applicable

For PTD (Permanent Total Disablement) Claims :

1. Duly completed Claim Form
2. Certificate of PTD from qualified Veterinarian
3. All documents for PTD claim to be attested by Financial Institution / SBI Loan disbursement Branch.
4. Photograph of Animal before removing Ear-tag
5. Photograph of Animal after removing Ear-Tag
6. Intact Ear-tag
7. Investigation Report, if any.
8. Joint Discharge Voucher from Insured and Bank, as applicable

Note:

The documents mentioned above are suggested basic documents and further documents /Clarifications as deemed fit may be called upon on case-to-case basis.