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Shriram General insurance Co. Ltd.

IN PARTNERSHIP WITH THE **Sanlam GROUP**
Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura,
Jaipur (Rajasthan) – 302022
Phone: +91-141-3928400, 3951111 Fax: +91-141-2770692, 2770693
Website: www.shriramgi.com E-mail: customer.feedback@shriramgi.in
Toll Free: 1800-103-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

Cattle (Livestock) Insurance Policy – Claim Form

The issue of this form is not to be taken as an admission of liability.

1. Policy Number	
2. Policy Period	
3. Claim Number	
4. Date of Registration	
5. Tag Number	
6. Name of the Insured	
7. Address of the Insured	
8. When was the Animal first seen ill?	
9. Veterinary Inspection: a) When was notice sent to Veterinary? b) When first & last seen by Veterinary? c) Dates of Attendance. d) Name & Address of Veterinary Surgeon who attended.	
10. Date of Death, place & Time	
11. Cause of Death: a) If from disease, nature of disease? b) If from accident, how did it occur? c) If operated upon recently, state nature and date, also name of surgeon.	
12. Purpose for which used or employed when last at work?	
13. Did you breed or buy the animal?	
14. Date of last calving.	
15. If bought, please state a) From whom? b) Date of Purchase? c) Price Paid.	
16. Claims: a) Amount of Claim. b) Is the Animal Insured elsewhere? c) Are you receiving compensation from any other source? If so, from whom?	
17. If animal has not died, a) 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.	

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 claim shall make any false statement or any suppression or concealment, the policy shall be void and null and all rights to recover thereunder in respect of past or future claims shall be forfeited.

Date

Signature of Insured

Name & Signature of Witness _____

Address:

Date:

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.

Date

Signature of the Borrower