



## UNITED INDIA INSURANCE COMPANY LIMITED

### CALF INSURANCE (LIVESTOCK INSURANCE) CLAIM FORM

**(The issue of this form is not to be construed as an admission of liability. Please return this form duly completed within 14 days of the loss together with necessary documents)**

Policy No.

Claim No.

Name of Insured (in full):

Address:

Occupation:

#### DESCRIPTION OF ANIMAL CLAIMED FOR

| Description<br>(State whether<br>cow, buffalo,<br>etc.) | Identifi-<br>cation<br>Tag No.<br>Colour             | Specie<br>s &<br>Breed | Sex (If female whether<br>pregnant calf at foot, freshly<br>calved or heifer) colour &<br>full distinguishing marks | Exact<br>age in<br>years | Milk yield<br>prior to<br>illness | Value<br>prior to<br>illness Rs. |
|---|--|------------------------|---|--------------------------|-----------------------------------|----------------------------------|
|   |  |                        |   |                          |                                   |                                  |
| 1.  | When was the animal first seen ill?                  |                        |   |                          |                                   |                                  |
| 2.  | When was notice sent to Veterinarian?                |                        |   |                          |                                   |                                  |
| 3.  | When first and last seen by Veterinarian?            |                        |   |                          |                                   |                                  |
| 4.  | Date of attendance:                                  |                        |   |                          |                                   |                                  |
| 5.  | Name and address of Veterinary Surgeon who attended? |                        |   |                          |                                   |                                  |
| 6.  | Place of death, with date and hour:                  |                        |   |                          |                                   |                                  |

|     |   |                        |
|-----|---|------------------------|
| 7.  | Cause of death:<br>If from disease, how do you account for it?<br>If from accident, how did it occur and who was in-charge?<br>If operated upon recently, state nature & data, also name of Surgeon:  |                        |
| 8.  | Purpose for which used or employed when last at work:   |                        |
| 9.  | Did you breed or buy the animal?  |                        |
| 10. | Date of last calving:<br>State whether the animal is dry or pregnant.<br>If pregnant what is the stage of pregnancy?  |                        |
| 11. | Amount of claim:  | Rs.                    |
| 12. | Is the Ear tag of the animal enclosed?  | Yes / No               |
| 13. | Is the animal insured elsewhere?<br>Are you receiving compensation from any other source?<br>If so from whom:   |                        |
| 14. | a) If animal has not died, describe the nature of injury/ disease and state when it occurred and its duration:<br>b) Has this injury/ disease resulted in permanent incapacity to conceive or yield milk, or breed or for purpose of use mentioned in the proposal?<br>c) What steps were taken by you after the injury/disease was noticed to prevent the permanent incapacity to conceive or yield milk or breed or for the purpose of use mentioned in the proposal? | a)<br><br>b)<br><br>c) |
| 15  | When was premium paid?  |                        |

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

Date :

Name & Signature of Witness:

**Signature of Insured.**

## ANNEXURE TO CATTLE INSURANCE CLAIM FORM

### VETERINARY CERTIFICATE

I hereby certify that the animal described below, the property of Mr/Mrs./Miss----- of -----  
 --- died on the ----- of -----20 and that I attended the said animal from the -----  
 - day of ----- until the ----- day of ----- 20

#### DESCRIPTION OF ANIMAL

| Description<br>(State whether cow, buffalo etc) | Identifi-<br>-cation / Tag<br>No.  | Species<br>&<br>Breed | Sex (if female Whether Pregnant calf at foot, freshly calved or heifer) colour & full distinguishing marks | Exact age in years | Height | Value prior to illness |
|---|--|-----------------------|--|--------------------|--------|------------------------|
|   |  |                       |  |                    |        |                        |
| 1.  | Did you make a post-mortem? If so, give detailed report on reverse of the form   |                       |  |                    |        |                        |
| 2.  | Cause of death   |                       |  |                    |        |                        |
| 3.  | If from disease, how do you account to it?   |                       |  |                    |        |                        |
| 4.  | If from accident, where did it occur and nature of injuries sustained  |                       |  |                    |        |                        |
| 5.  | If from an operation, give date and nature of operation  |                       |  |                    |        |                        |
| 6.  | Had the animal had every care and attention?   |                       |  |                    |        |                        |
| 7.  | Did you examine for Insurance and do you identify the animal?  |                       |  |                    |        |                        |
| 8.  | a) If animal has not died, describe the nature of injury / disease and state when it occurred and its duration.<br>b) Has the injury/disease resulted in permanent incapacity to conceive or yield milk or breed or for the purpose for which it is intended?<br><br>a) Did you treat the animal for the injury/disease? And if so, what was the nature of treatment given to prevent the permanent incapacity to conceive or yield milk or breed or the purpose for which it is intended? |                       |  |                    |        |                        |

I hereby warrant the truth of my answers respecting the above animal death and I know of no material information which has been withheld.

Signature:

Qualification:

Date

Name & Address:

This form should be completed without delay and forwarded direct to the Company.