



UNITED INDIA INSURANCE COMPANY LIMITED

ELEPHANT INSURANCE CLAIM FORM

(The issue of this form is not to be construed as an admission of liability)

Policy No.

Claim No.

Name of Insured (in full):

Address:

Occupation:

DESCRIPTION OF ANIMAL CLAIMED FOR

Description	Identification Tag No. Colour	Species & Breed	Sex (If female whether pregnant calf at foot, freshly calved or heifer) colour & full distinguishing marks	Exact age in years	Value prior to 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: If from disease, how do you account for it? If from accident, how did it occur and who was in-charge? 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.	Amount of claim: Rs.				
11.	Is the Ear tag of the animal enclosed? Yes / No				
12.	Is the animal insured elsewhere? Are you receiving compensation from any other source? If so from whom:				
13.	If animal has not died, describe the nature of injury/disease and state when it occurred and its duration:				
14.	When was premium paid?				

15.	<p>If Mahot is covered:</p> <p>a) Name & Age of Mahot. b) Date & time of accident c) Description of accident. d) Nature of injury sustained e) Name of the Doctor / Hospital from whom treatment for injury was taken. f) Has the injury resulted in death or permanent total / partial disablement? If so, death certificate, Police report, Post-mortem report (if applicable) and medical certificate in the case of disablement to be attached.</p>	
16.	<p>If third party liability is covered:</p> <p>a) Date hour and place of accident b) Cause of accident (Full information) c) Nature and extent of injury or damage d) Name, address and age of injured person/s e) Particulars of accidental bodily injury of the injured f) Name and address of owner of third party property damaged g) Is he / she in your service h) Details of compensation expected i) Has any communication, verbal or written made to you for any claim from third party? If so, give particulars. j) Details of compromise made if any. k) When and by whom was the accident reported to you? l) Has the accident been reported to Policy or Public Authority? m) Name/s and address/es of the witnesses to the accident.</p>	

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.