



UNITED INDIA INSURANCE COMPANY LIMITED

POULTRY INSURANCE

CLAIM FORM – CUM – VETERINARY CERTIFICATE

1.	Name of the farm and its location						
2.	Name of owner(s)						
3.	Address:						
4.	Description of the birds						
5.	a) Number of birds dead for which claim is preferred and the amount claimed b) Breed and strain of birds					At the time of Insurance	At percent
Sl. No.	Description (State whether Chick, Grower, Layer broiler parent stock)	Identification No. wing band/ leg band wing badge	Exact age in weeks	Total No. of birds in the flock	Total percentage of mortality till date in the insured flock from the date of insurance (to be supported by the records maintained)	Date of preference of last claim & details of No. of Birds died	
6.	a) When were the birds first seen ill? b) When was notice sent to the Veterinary Surgeon? c) Dates of attendance by Veterinary Surgeon d) Whether treatment given or not? If yes, Particulars of treatment given: What are the preventive measures taken to protect other birds? e) Date of deworming done f) CAUSE OF DEATH: g) Is there any contagious or infectious disease prevalent in the flocks: or in the vicinity?--- If the birds have started laying give No. of eggs yield for the past 4 weeks h) Have all the birds been protected as per vaccination schedule against Ranikhet, Fowl pox, Mareck's diseases? If so give dates of vaccinations done. Source of receipt of vaccine: date of receipt Brew No.						
7.	a) What was the source of supply of bird/s chicks? b) What was the source of supply of feed						
8.	In case of any mass mortality, whether any compensation has been claimed from any other source? If so, give details of the No. of birds, amount compensated etc.						
9.	a) Whether Post-Mortem conducted? If so, is a detailed Post-Mortem report enclosed or not? b) No of birds culled so far						
10.	When was the premium paid?						

I / we the above named do hereby to the best of my / our knowledge and belief warrant the truth of the foregoing statement in every respect and affirm that proper treatment and care was given to the birds, 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 future accidents shall be forfeited.

Date:

Name & Signature of Witness:

Signature of Insured.

VETERINARY CERTIFICATE

1.	Total No. of birds died:
2.	Percentage of mortality:
3.	Identity No.
4.	CAUSE OF DEATH:

(Attach a detailed report of P.M. done on a sample batch of carcasses)

I CERTIFY that I have this day carefully examined the carcasses of birds described in the above schedule and that the particulars, and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the “Care and Management” of the insured flock.

Date :
Station :

Signature
Qualification
Name & Address