



UNITED INDIA INSURANCE COMPANY LIMITED

CLAIM FORM - DAIRY PACKAGE INSURANCE

(The issue of this form does not constitute admission of liability. Please return this form completed within 14 days of the loss together with the relevant documents.)

Policy No.

Claim No.

1.	a) Name of insured: b) Address c) Business or Occupation: d) Name of other persons having an Interest in the property						
2.	DETAILS OF INSURANCE (Including the Policy / Policies taken with our Company)						
	Policy No. (s)			Sum Insured Rs.	Period		
					From	To	
	N.B. If Insurance is effected with other Companies, copies of such policies to be attached.						
3.	SECTION I - DAIRY CATTLE - DISCRIPTION OF ANIMAL CLAIMED FOR						
	Description of Animal	Identification Tag No. Colour	Species & Breed	Sex (If female whether pregnant calf at foot, freshly carved or heifer)	Exact Age in years	Milk yield prior to illness	Value prior to illness
	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 & 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 and date and also name of Surgeon. Was any post-mortem conducted? If so, please attach the Report. Please attach the enclosed Veterinary Certificate vide Annexure I duly completed and signed by the Veterinary Surgeon. 8. Purpose for which used or employed when last at work. 9. Did you breed or buy the animal? 10. Date of last carving: State whether the animal is dry or pregnant. If pregnant, what is the stage of pregnancy. 11. Amount of claim. 12. Is the year tag of the animal enclosed 13. Is the animal insured elsewhere? Are you receiving compensation from any other source? If so, from whom and details. 14. a) If animal has not died, describe the nature of injury / disease and state when it occurred and its duration. b) Has this injury / disease resulted in permanent capacity to conceive or yield milk or breed or for purpose of use mentioned in the proposal? If so, give details supported by Veterinary Certificate. c) What steps were taken by you after the injury / disease was noticed to prevent the permanent in capacity as described above?						YES OR NO



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ANNEXURE I

CLAIM FORM - DAIRY CATTLE

VETERINARY CERTIFICATE

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

DESCRIPTION OF ANIMAL

Table with 7 columns: Description of Animal, Identification / Tag No., Species & 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 Rs. Includes numbered questions 1-9 regarding post-mortem, cause of death, and salvage value.

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:

Seal:

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

* Strike out whichever is not applicable



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ANNEXURE II

JANATA PERSONAL ACCIDENT INSURANCE - CLAIM FORM

POLICY NO.

CLAIM No.

SECTION I (TO BE FILLED IN FOR ALL CLAIMS)

Table with 5 rows for claim details including insured's name, policy number, accident particulars, hospital admission, and other policies.

SECTION II (TO BE COMPLETED BY HOSPITAL AUTHORITIES)

Table with 5 rows for hospital completion including name & address, admission/discharge dates, nature of injury, and permanent disability.

Signature of the Competent Authority of Hospital / Nursing Home

Date: Name: Rubberstamp of Hospital: Designation:

SECTION III (TO BE COMPLETED BY ASSIGNEE IN THE EVENT OF INSURED'S DEATH)

Table for assignee details including name, address, relationship, date, and list of documents to attach.

Declaration to be signed by the Insured/ Claimant or by the Assignee (in the event of Insured's death). I/WE HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect. I / We agree that if / I / we have made, or if, shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited. I/WE ALSO HEREBY DECLARE that I am /we are accepting the amount in full discharge of your obligations under the policy to the Insured and / or his/her legal heirs and I/we will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Date: Signature