

REGD. OFFICE:  
BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

First Floor, The Ferns Icon, Survey No. 28,  
Next to Akme Ballet, Doddanekundi,  
Off Outer Ring Road, Bangalore- 560037,  
**Toll-Free Helpline:** 1800-103-2292  
**E-mail:** claims@bharti-axagi.co.in  
**SMS <CLAIM>** to 5667700  
**Website:** www.bharti-axagi.co.in



general insurance

## LIVE STOCK CLAIM FORM

ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

Please fill this form in **Block Letters** and **Tick the Boxes**  where appropriate and do not leave any column unanswered.

Policy Number:

Claim Number:

Period of Insurance:  to

### A. DETAILS OF INSURED

Name:

Address:

Pin code:

Telephone No.:  Mobile No.:

Occupation:

### B. LOSS DETAILS

#### A. Description of Animal

1.	Type of Animal	<input type="text"/>
2.	Breed of animal	<input type="text"/>
3.	Color	<input type="text"/>
4.	Sex	<input type="text"/>
5.	Age	<input type="text"/>
6.	TAG No	<input type="text"/>
7.	Natural Identification mark	<input type="text"/>

B. Type of Loss  Death  Permanent Total Disablement

C. Date of Loss / Accident

D. Place of Loss / Accident

E. Brief description of incidence

#### F. Cause of Death

If from disease, how do you account for it

If from accident, how did it occur

G. Amount of claim

### C. ADDITIONAL DETAILS

H. Are you receiving compensation from any other source ? If so, from whom ?

I. Do you wish to provide any other information as relevant to the claim made  Yes  No

if yes, details (if required you may please attach a separate sheet)

I/We agree to provide additional information to the Company, if required. 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 if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited

Date:

Place:

Signature / Left Thumb Impression of Insured

## PART –II DEATH CERTIFICATE / DISABLEMENT CERTIFICATE

It is certified that the animal belonging to Smt / Shri \_\_\_\_\_ R/O \_\_\_\_\_, sustained injuries/died on \_\_\_\_\_ due to accident / disease.

As confirmed in post mortem/investigations report cause of disablement /death is \_\_\_\_\_

### The particulars of the animal are

1.	Type of Animal	
2.	Breed of animal	
3.	Color	
4.	.Sex	
5.	Age	
6.	TAG No	
7.	Natural Identification mark	

Animal physically verified by me / us at \_\_\_\_\_  
(place /address where animal inspected). and observations on inspection of carcass / animal is \_\_\_\_\_

Signature of Veterinary Doctor \_\_\_\_\_

Signature & Seal \_\_\_\_\_

Signature & Seal \_\_\_\_\_

Name: \_\_\_\_\_

Qualification \_\_\_\_\_

Registration No. \_\_\_\_\_

Address: \_\_\_\_\_

Pin code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

(Note: Above signatories should be any two of the following  
Village Sarpanch / Bank or MFI or Co-Op Credit Society Official)

## PART –III BANK/NGO CERTIFICATE

We hereby certify that animal bearing TAG No \_\_\_\_\_ belonging to Smt/Shri \_\_\_\_\_ R/O \_\_\_\_\_, is insured under Policy No. \_\_\_\_\_ . Smt /Shri \_\_\_\_\_ is beneficiary with Loan A/C No. \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Bank / MFI / Co-op Society Official \_\_\_\_\_

Designation \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_