Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

CATTLE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. : ______________________ Claim No. : ______________________

A. DETAILS OF INSURED

Name ______________________

Address line 1 ______________________

Address line 2 ______________________

City ____________ State ____________ Pin Code ____________

Phone No. ____________ Mobile No. ____________ Email ____________

Business/Occupation ____________ Period of Insurance From _ _/_ _/_ _ _ _ To _ _/_ _/_ _ _ _

B. DETAILS OF INSURED ANIMAL

Ear-Tag No. & date of Tagging	Sex	Breed	Color	Natural Marks	Age (Yrs.)	Value prior to Illness / Accident (Rs.)
USGI /				Horns: L ________ R ________ Tail -		

Date of Injury/ Sickness / Death ______________________

Is the animal insured under SFDA/MFAL/DPAP/IRDP/GOI etc ☐ Yes ☐ No

Is the animal financed by Bank / Financial Institution, If "Yes", specify Name and Address of the Bank/ Financing Institution

____

Detail the circumstances leading to the Injury / Sickness / Death of animal ______________________

____

____

____

C. DETAILS OF OTHER INSURANCE

Is the animal covered under any other Insurance? If "Yes", specify details and attach copy of policy ☐ Yes ☐ No

Name of the Insurer ______________________

Address line 1 ______________________

Address line 2 ______________________

City ____________ State ____________ Pin Code ____________

Phone No. ____________ Mobile No. ____________

Policy No. ____________ Email ____________

Period of Insurance From _ _/_ _/_ _ _ _To _ _/_ _/_ _ _ _ Amount of Insurance ____________

D. DETAILS OF PREVIOUS LOSSES

Claims lodged during the preceding 3 years

Claim Year	Claim Description	Amount Rs.

E. DETAILS PERTAINING TO THE LOSS

1. When was the animal first seen ill?	_ _ / _ _ / _ _ _ _
2. When was notice sent to the Veterinary Doctor?	_ _ / _ _ / _ _ _ _
3. When first and last seen by Veterinary Doctor?	
4. Date/s of attendance?	
5. Name and address of Veterinary Doctor who attended?	Phone/ Mobile No.:
6. Place of death with date and hour (Attach photographs of the carcass)	_ _ / _ _ / _ _ _ _ , ____:____ AM/ PM
7. Cause of death: (specifically mention the disease) a) If from disease, how do you account for it?	
b) If from accident, how did it occur and who was in charge of the animal?	
c) If operated, state nature of operation, date and name of Veterinary Surgeon?	
8. a) If animal has not died, describe nature of injury/ disease and state when occurred?	
b)Has this injury/disease resulted in permanent incapacity/ disablement?	
c) What steps were taken by you after the injury/ disease?	
9. Purpose for which the animal was used at the time of death?	
10. a) Did you breed or buy the animal?	
b) If bought, state from whom purchased, date of purchase and price paid.	
11. Date of last calving?	_ _ / _ _ / _ _ _ _
12. Is compensation being received from any other source? If so, from whom ?	

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? ☐ Yes ☐ No

If "Yes", specify ____

____

____

____

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 was 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, disease shall make any false statement or any suppression or concealment, the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

Date:

Place:

Signature of Witness with name & address
(in case of thumb impression only)

Signature / thumb impression of Insured

CERTIFICATE BY VETERINARY / PANCHANAMA OF DEATH

(Post Mortem is to be conducted and Report to provided separately)

(While providing the below details please strike out whichever is not applicable.)

I confirm that I was informed of the death of the Milch Cattle identified with **Ear-Tag No.: USGI -** ______________________ belonging to Mr. / Mrs.____________________________ of Village _______________________ on _ _ / _ _ / _ _ _ _ at ____:____ AM/PM

The animal reportedly died on _ _ / _ _ / _ _ _ _ at ____:____ AM/PM The Post-Mortem & Panchanama was conducted by me on _ _ / _ _ / _ _ _ _ at____:____ AM/PM Place ________________________________

The Ear-tag was Intact / Not-Intact / Not Available on the ear of the animal, at the time of conducting the Post-Mortem.

The animal was suffering with the disease / illness from _ _ / _ _ / _ _ _ _.
The animal was TREATED by Me/Dr. ________________________________ , Designation: ___________________,
at the Farm / Govt. Veterinary Hospital ___________________________________

If treatment was given, please provide particulars of the treatment below:

Date	Medicines / Drugs prescribed	Indications / used for	Purchased at (if not provided by GVH)

- I opine that there is No Delay / Delay of _________________ days, in providing treatment to the animal.
- I opine that the animal was Not Provided / Provided sufficient feed & fodder, nutrients and minerals before and during treatment.
- I confirm / cannot confirm that the animal was given preventive vaccinations as per the prescribed schedule.
- I confirm / cannot confirm that the medicines, drugs and the procedures followed by the attending veterinary doctor are wholly in accordance with the treatment necessary for treating the disease / accident diagnosed.

Basing on the findings in the Post-mortem of the deceased animal (submit Photos if taken) and the physical and clinical record findings, I hereby confirm to the best of my professional knowledge and belief that the animal died due to ______________________________ Disease / Accident / Procedure.

Market Value of the animal at the time of its death can be Rs. ______________________________ /-

Additional observations, if any:

1. ____

2. ____

Date: _ _ / _ _ / _ _ _ _

Signature of Authorized Veterinary Officer
with seal

Name: Dr.

FOR USGI OFFICE USE ONLY

PM Report received on: ______________ Claim No.: ______________

Claim Form received on: ______________