

**Cattle and Live Stock Insurance
Claim Form**

PLEASE ANSWER ALL QUESTIONS COMPLETELY

The issue or acceptance of this form is not to be construed as admission of liability on the part of the
Raheja QBE General insurance Company Ltd.

Policy Issuing Office	
Financer's or Bankers Name & address	

Insured Details

1. Name of the Insured	
2. Address of Claimant	
3. Phone Number of the Claimant	

Particulars of Cattle in respect of which claim is made

Type of Cattle	Sex	Age	Breed	Description of the Cattle				Identification Tag No.	Insured's estimate of Market Value.
	M/F	Years		Colour	Horn Size	Tail Switch	Distinguishing Marks	Right/Left Ear	Rs.

Details of the Claim for Death of Animal

1. Nature of Disease contracted.	
2. Date Disease was first detected	
3. Details regarding treatment of Disease.	
4. Name & Phone No: of Vet attending and Performing Post-mortem	

<p>5 a) Date of the Death b) Cause of Death – Attach Death Certificate of Veterinary Doctor c) How and where did the accident happen?</p>	
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Details of the Claim- PTD

<p>6 a) Nature of Permanent Total Disability b) Certificate from Vet obtained? If yes, please attach. c) Cause</p>	
<p>7. Name & phone no; of the Vet who issued the Certificate of Soundness</p>	
<p>8. Name & address of the Hospital where treatment is taken/being taken</p>	
<p>9. Do you have any other Cattle Insurance Policy? If Yes, give details.</p>	

Declaration

I/We hereby declare that the foregoing statements are true in all respects and that I/We have not attempted to conceal from the company anything with which it ought to be made acquainted. I/We confirm my/our understanding that if I/we have made or will make in any further declaration the Company may require any false or fraudulent statement or suppression or conceal any material fact or advance any untrue fact whatever, the Policy shall be void and my/our right to compensation forfeited and I am/ we are willing if required, to make an affidavit of the truth of the whole of the foregoing statement or any other statement I/We may make in connection with this claim.

Signature of the Insured: Date:.....
Name:..... Address:
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