

**CATTLE INSURANCE POLICY(RETAIL)- CLAIM FORM**

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

Toll free: 1-800-22-4030/1800-200-4030

Email: [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com)

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 -		

Is the animal insured under SFDA/MFAL/DPAP/IRD/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.

This is an Internal document.

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify _____	
_____	
_____	
_____	

**Declaration**

- 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.
- I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers and accordingly I/We authorize the Company to do the same for the purpose of underwriting /servicing the policy.
- I/ We have read and understood the privacy Policy of our Company at [www.universalsompo.com](http://www.universalsompo.com) and I hereby unconditionally agree and bind myself to all terms and conditions of your Private Policy, as amended, from time to time.
- I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

This is an Internal document.

5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
  
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

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**

(Postmortem 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 & Panchnama was conducted by me on \_\_/\_\_/\_\_\_\_ at:\_\_\_\_ AM/PM

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 Form received on: \_\_\_\_\_

Claim No.: \_\_\_\_\_