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**CATTLE INSURANCE POLICY
CLAIM FORM**

The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company

Policy Issuing office's name & address	
Financer's or Bankers Name & address	

Insured Details

1. Name of the Insured								
2. Address of the Insured	Plot No/Door No.		Building name					
	Road							
	Village							
	City		Pin code					
	State							
	Phone No.							
Already covered above								

Particulars of Cattle in respect of which claim is made

Type of Cattle	Sex	Age	Breed	Description of the Cattle				Identificat ion Tag No.	Insured's estimate of Market Value.
				Colour	Horns	Tail Switch	Distinguishing Features		
	M/F	Years							

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Details of the Claim- Cover 1

1. Nature of Disease contracted.	
2. Date Disease was first detected	
3. Details regarding treatment of Disease.	
4. Name of Vet attending and Performing Post-mortem	
5. a) Date of the Death b) Cause of Death c) How and where did the accident happen?	

Details of the Claim- Cover 2

6. a) Nature of Permanent Total Disability b) Certificate from Vet obtained? If yes, please attach.	
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6. Name & address of the Vet who issued the Certificate of Soundness	
7. Name & address of the Hospital where treatment is taken/being taken	
8. Do you have any other Cattle Insurance Policy? If Yes, give details.	

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. 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.
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.

Signature of the Insured

Name

Address
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Date.....

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