

POULTRY INSURANCE CLAIM FORM

Branch _____

1. Name of the Insured farm and its Location					
2. Name of Insured owner					
3. Address					
4. Description of the birds					
5. (a) Number of birds dead for which claim is preferred and the amount claimed.					
(b) Breed and strain of birds					
Description of birds	Identification: Wing band Leg band Wing badge	Exact age in weeks	Total No. of birds in the flock	Total percentage of mortality till date in the flock from the date of insurance	Date of last claim & details of no. of birds died
6. When were the birds first seen ill?					
7. When was notice sent to Veterinary Doctor					
8. Dates of attendance by Veterinary Doctor					
9. Whether treatment given or not? If yes provide particulars of the treatment given. What are the preventive measures taken to protect other non affected birds?					
10. Date of deworming done					
11. Cause of death					
12. Is there any contagious or infectious disease prevalent in the flocks or in the vicinity? If the birds have started laying give number of eggs yield for the past 4 weeks					
13. Have all the birds been protected as per vaccination schedule against Ranikhet, Fowl pox, Mareck's Disease? If so give dates of vaccinations done. Source of receipt of vaccine: Date of receipt.					

14. What was the source of supply of birds/chicks?	
15. What was the source of supply of food	
16. In case of any mass mortality, whether any compensation has been claimed from any other source? If so, give details of the No. of birds, amount compensated etc.	
17. Whether Post- Mortem conducted? If so, is a detailed Post mortem report enclosed or not?	
18. Number of birds culled so far	

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 Insured:

Date:

Company's stamp

VETERINARY CERTIFICATE
(To be used in the event of a claim)

1. Total Number of Birds died:
2. Percentage of mortality:
3. Identity no.:
4. Cause of death:

(Attach a detailed report of P.M. done on a sample batch of carcasses)

I certify that I have this day carefully examined the carcasses of birds described in the Policy Schedule and in the best of my knowledge and belief are not at any discrepancy with the circumstantial evidence, and the information furnished by the claimant in his replies to the questions in the claim form.

Signature.....
Qualification.....
Address.....
.....
.....

Date.....

Station.....