



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

ADDRESS OF POLICY
ISSUING OFFICE

CLAIM FORM
Cattle & Livestock Insurance

- Name of Borrower/ Insured:
- Son / Wife of: Vill. Dist.
- Policy No.
- Bank's Name & Branch:
- Schemed or Non-schemed:
- (Period) From.....to

Tag No	Specie & Breed	Sex & Age	Natural Identification mark	Date & Time of Death	Place of Death and Cause of Death/PTD	Claim Amount (in Rs.)

1. First time animal found to be diseased on Dt. and treated by authorised Veterinary Doctor on Dt.
2. Name & Address of treating Veterinary Doctor
.....

Date : Name & Signature
of Witness

Signature
of Policy Holder

Signature & Seal
of Bank Manager

- Note:**
1. In the event of any claim intimation to the Bank, Bank should hand over the Claim form after filling the Name of the Policy Holder, Name of Bank and Date of Intimation. The same should be entered in the Bank's Insurance Register Book.
 2. Kindly ensure that all the information and documents should come together for timely settlement of claim.

DEATH CERTIFICATE / PANCHNAMA

(FOR SCHEME ANIMALS ONLY)

I/We certify that, the animal bearing Tag No.....belonging to Shri/Smt
..... Son / wife of, Vill.....
Tal :, Dist. : has been found dead on Dt.
at

Tag No	Specie & Breed	Sex , Age & colour	Natural Identification mark	Place of Death and Cause of Death	Value of animal prior to death (Amount in Rs.)

I, physically inspected
the above mentioned
dead animal with tag on
dt. at

I, physically inspected
the above mentioned
dead animal with tag on
dt. at

Signature / finger print
of policy holder

Signature & Seal of
authorised officer

Signature & Seal of
authorised officer

Two authorised officers in Panchnama must be from the following list of officials.1- Village Sarpanch or Panchayat Secretary, 2- Govt. Veterinary Doctor,3- Branch Manager / Supervisor of central Co-operative Bank, 4- Head Master of Govt. High School, 5- Head of Co-operative Society / Head of Milk collection centre, 6- Revenue officer or Patwari.

BANK CERTIFICATE

We certify that, the animal described above bearing Tag No.....belonging to Shri/Smt.....
.....of village..... is insured under Master Policy No/Policy No.....The
insured is a beneficiary under scheme /The Insured is not a beneficiary under any Government
scheme. The dead animal/carcass has been inspected by our officer Mr.....on Dt.

Along with we are sending all the following documents required for claim settlement

1. Completely filled Claim form.
2. Health certificate given at the time of purchase of the animal.
3. Death certificate / Post-mortem report given by Veterinary Doctor. (For Non-scheme animals)
4. Valuation Certificate of the animal given by Veterinary Doctor. (For Non-scheme animals)
5. Completely filled Panchnama. (For Scheme animals)
6. Total no of tags and their number as follows.....
7. Photograph of dead animal with tag.
8. Any other document.....

Date :

Signature with Seal
Bank Manager

VETERINARY CERTIFICATE / POST-MORTEM REPORT

I hereby certify that the animal described below, belonging to Shri/Smt.....
 Of Village died on Dt. which was being attended by me
 from Dt. to Dt. and I have conducted Post-mortem of the said
 animal on Dt. to ascertain the cause of death.

DESCRIPTION OF ANIMAL:

Tag No	Specie & Breed	Sex , Age & colour	Natural Identification mark	Place of Death and Cause of Death	Value of animal prior to death (Amount in Rs.)

In the case of death of the animal:

- Whether Post-mortem conducted? If yes, submit report in the attached pro forma
- Cause of Death:
- If from disease, Name of the disease & period since suffering.....
- If from accident. Where did it occur and nature of injuries.....
- If from an operation, give date and nature of operation
- Had animal been provided every care and attention?.....
- Was the carcass matched and identified with the particulars mentioned in the policy?.....
- In case of Milch animals please state:
 - Date of last calving.....
 - Number of months the animals was/is pregnant.....
 - What was/is the milk yield per day at the starting of lactation.....
 - What was the milk yield per day prior to death.....

In case of Permanent Total Disablement (PTD):

- In case of disablement, describe the nature of injury, disease and state when it occurred and its duration

- Has the injury / disease resulted in permanent incapacity to conceive or yield milk or to breed?
- Did you treat the animal for the injury/disease? If so, what was the nature of treatment given to prevent the permanent incapacity to conceive or yield milk or breed?

I hereby certify that the above particulars are, to the best of my knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me.

Date:
 Address:

Signature with seal

Qualification

The form should be completed without delay and forwarded direct to the Company.

CLAIM PROCESSING NOTE

1. Name of the Insured:
 2. Policy period from to
 3. Financing Agency/Scheme/Amount & Subsidy :.....
 4. Date & Time of Loss :
 5. Date & Time of Intimation of Claim:
 6. Date of Post-mortem Conducted:
 7. Health Certificate Issued by:
 8. Post-mortem conducted by:
 9. Whether the claim falls within the scope of policy?.....
 10. Whether the sec. 64 VB has been complied?
 11. Whether the identification of animal given in proposal from/health certificate matches with the identification details given in post-mortem report Yes/No.
(if no please state the difference)
 - 12 Whether the animal was found tagged at the time of death/post-mortem/Inspection ... Yes/No
 - 13 Whether tag is collected: yes/No
 - 14 If yes, Tag No.
 - 15 Sum Insured
 - 16 Any recommendation/Comments
- Claim passed for payment of Rs.....

Date:
Place:

Authorised Officer

