दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड
THE NEW INDIA ASSURANCE COMPANY LIMITED
Head Office: 87, M G Road, Fort, Mumbai-400001
CIN No: L66000MH1919GOI000526 / IRDAI Regn. No.190

CATTLE INSURANCE
(IRDAN190RP0152V01100001)

LIVESTOCK CLAIM FORM
(The issue of this form is not to be taken as an admission of liabilities)

SERIAL NUMBER.....

A) NAME OF BORROWER: _____

Bank's Name & Address: _____

To,
THE NEW INDIA ASSURANCE CO. LTD.
..... D.O./BRANCH

Sub: Livestock Claim Intimation.

Sir,

Policy No..... Date, from.....to..... (Period) belonging to Shri/Smt.....of ..... died on.....or suffering from Permanent Total Disablement.

Kind of animal/ breed	Sex	Tag No./Tattoo No.	Natural identification marks

This paper is submitted fulfilling all formalities of above claim, please make necessary arrangements for the settlement of claim. The tags of the above animals are submitted herewith.

Thanking you,
Date:

* Strike out the portion not applicable Signature of borrower/Bank

B) DEATH CERTIFICATE

We certify that the animal described below belonging to Shri/Smt.....of..... Village.....District.....died. Animal physically verified by me/us at the Place of accident/death.

- Species.....
- Breed.....
- Sex.....
- Age.....
- Tag No...../ Tattoo No.....
- Natural identification mark:

I hereby certify that the above mentioned animal belonging to Shri/Smt.....of village.....died on ..... due to accident/disease as confirmed by Post-Mortem &/or symptoms prior to death and Observation of carcass.

Date:
Signature of Vet. Doctor ……..
Qualification: ……..
Registration No. ……
Address: …….

Signature
Name:

Signature
Name:

(Seal of Office)

(Seal of Office)

Note: - Above signatories should be any two of the below mentioned authorities:

1) Village Sarpanch 2) Officer of Milk Collecting Centre / Govt. VAS 3) supervisor /inspector of Central Co. op. Bank 4) President or any other officer of Co. op. Credit Society. 5) D.R.D.A. or Authorized nominee

c) **BANK'S CERTIFICATE**

We hereby certify that animal _____ bearing Tag. No. _____ belonging to Shri/Smt._____ of village _____ under DRDA _____ in _____ Block was insured under Master Policy No. _____ Shri/Smt. _____ is an IRDP beneficiary with Bank Loan A/C. No. _____

Signature of Bank Official
Designation:
Name:
Address:

Date:
Place:

OFFICE NOTE

Policy No. _____ Period date from _____ to _____ Insurance Certificate No. _____ period from _____ to Animal died on _____ intimated on _____ Claim amount Rs. _____ Insured amount Rs. _____ Premium @ _____ %Rs. _____ received full/short Rs. _____ vide receipt No. _____ dated _____.

THE CLAIM AND ABOVE FINDINGS HAVE BEEN FOUND CORRECT. HENCE CLAIM IS APPROVED FOR Rs. _____

Date on which voucher sent:
Received voucher back on:
Date on which cheque sent:

Authorised Signature

Bank Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	