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

VETERINARY CERTIFICATE FOR CATTLE CLAIM

To,
THE NEW INDIA ASSURANCE CO.LTD.

I hereby certify that the animal described below, the property of Mr./Mrs._____of_____ died on the _____day of _____20__ and that I attended the said animal from the _____day of _____20___ until the _____ day of _____20__ .

DESCRIPTION OF ANIMAL

S.No.	Sex	Ear Tag No.	Breed	Colour	Marks	Age	Value prior to Illness

1. Did you conduct a post mortem? If so, give detailed report on reverse of this form.

2. Cause of Death

3. If from disease, how do you account for it?

4. If from accident, where did it occur and nature of injuries?

5. If from an operation, give date and nature of operation

6. In case of Milch animals please state
   a) Date of last calving: _____
   b) Number of months the animal was pregnant: _____
   c) What was the milk yield per day during the start of the present lactation? _____
   d) What was the milk yield per day prior to death: _____

7. Had the animal every care and attention?

8. Did you examine for insurance and do you identify the animal?

I hereby warrant the truth of my answers respecting the above animal's death and I know of no material information which has been withheld.

Date:
Place:

Signature:
Name:
Qualification:
Reg. No.
Address:

*This Form should be completed without delay and forwarded direct to the Company.