

## Future Dog Suraksha Claim form

<u>Please note that the issue of this claim form is not to be taken as an admission of liability</u>
<u>Description of Animal Claimed For</u>

Insurance Policy No. Period of Insurance								
DETAILS (	OF INSURE	D						
Name:								
Address:								
			City:	Pin:				
Contact Te	lephone :		Oity.					
	•							
e-mail:								
Type of	Breed	Sex	Age	<b>Detailed Description of Animal</b>	Kennel Club	Value		
Animal				Like Colour, Tail, Height, Body	Registration	prior to		
				marks, other distinct features	No.(If	Loss		
				distilict leatures	registered)			
		<u> </u>						
1.When wa	1.When was the animal first seen ill?							
2. When was notice sent to Veterinary Doctor?								
	3. When first and last seen by Veterinary Doctor?							
	4. Name and address of Veterinary Doctor who							
	attended.							
<ul><li>5. Place, Date and Time of Death/Injury/loss.</li><li>6. If from Disease, how do you account for it?</li></ul>								
		-		IOF IL?				
	ident, how it			hefore Death/				
7. Purpose for which used or employed before Death/ Injury/Loss.								
8. Did you breed or buy the Animal?								
	ast whelping	•	nai:					
J. Date of i	ast whelpill	<u></u> ਰ∙		L				



10. If bought, State: - a) From Whom? b) Date of purchase c) Price Paid	a) b) c)
11. Amount of claim 12. Is the animal insured elsewhere? Are you	Rs.
receiving compensation from any other source?	
If so, from whom.	
13. (Please give full description of Loss)	
<ul> <li>a. If animal has not died, describe the nature of injury or nature of loss. Please state when it occurred &amp; its duration</li> </ul>	
b. When and Under What Circumstances the animal is lost or stolen?	
c. Whether FIR Lodged, If Yes Its Number	
d. When and Where the Dog show was arranged?	
e. How the animal was transported?	
f. Any other relevant information.	

## Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:	
Place:	Signature of Insured/ Claimant