

**ELEPHANT INSURANCE**

**CLAIM FORM**

PLEASE ANSWER EVERY QUESTION AND FULLY

The issue or acceptance of this form is not to be construed as admission of liability on the part of the Company

Regional/Branch Office Code			
Broker/Agent Name & code		Code	

**Insured Details**

Name of the Insured							
Address of the Insured	Plot/Door No.						
	Area/Road						
	Village						
	City		Pin code				
	State						
	Phone No.						
Insurance Policy No :							
Period Of Insurance:							

**Details of Animal in respect of which claim is made**

Type of Animal	Sex	Age	Breed	Description of the Animal				Identificat ion No.	Insured's estimate of Market Value. Rs.
	M/F	Years		Colour	Trunk	Tail Switch	Distinguishing Features		

### Details of the Claim

1. Nature of Disease contracted.	
2. Date Of Disease was first detected	
3. Details regarding treatment of Disease .	
4. Name of Veterinary Doctor attending and Performing Post-mortem	
5. a) Date of the Death b) Cause of Death c) If due to accident, how and where did the accident happen?	

I/We hereby declare that the foregoing statements are true in all respects and that I/We have not attempted to conceal from the company anything with which it ought to be made acquainted. I/We confirm my/our understanding that if I/we have made or will make in

any further declaration the Company may require any false or fraudulent statement or suppression or conceal any material fact or advance any untrue fact whatever, the Policy shall be void and my/our right to compensation forfeited and I am/ we are willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I/We may make in connection with this claim.

Signature of the Insured

Date:.....