

**FUTURE POULTRY INSURANCE  
CLAIM FORM**

**Please note that the issue of this claim form is not to be taken as an admission of liability**

**DETAILS OF INSURED**

Name:

Address:

City:

Pin:

Contact Telephone :

e-mail:

**Description of Birds Claimed For**

Date	No. of birds died	Age of birds in weeks	Batch No.	Poultry Shed No.

1. When was the illness seen first?	
2. When was notice sent to Veterinary Doctor?	
3. When first and last seen by Veterinary Doctor?	
4. Dates of attendance by Veterinary Doctor:	
5. Name and address of Veterinary Doctor who attended.	
6. If from Disease, how do you account for it? If from Accident, how did it occur?	
7. Date of Induction of the dead birds in the farm	
8. Whether all necessary vaccinations carried out? Dates of vaccinations:	

9. Amount of claim Amount of salvage (attach voucher)	Rs.
10. Are the birds insured else where? Are you being compensated from any other source? If so, from whom.	

**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 claim shall be forfeited.

Date:

Place:

Signature of insured with companies seal