

HORSE INSURANCE
CLAIM FORM

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

Insurance Policy No.		Period of Insurance	
DETAILS OF INSURED			
Name			
Address:			
		City:	PIN:
Contact Telephone:			
E – mail:			

Description of Animal Claimed For

Type Of Animal	Ear Tag Number	Breed	Sex	Age	Details Description of Animal Like Colour, Body marks, Other Distinct Features	Value Prior to illness/ Death

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.	
5) Place of death, with date and hour.	
6) If from Disease, how do you account for it? If it from Accident, How did occur and who was in Charge? If operated upon recently, state nature & date, also name of Surgeon.	
7) Purpose for which used or employed before death.	
8) Did you breed or buy the Animal?	
9) Date of last calving.	
10) If bought, State: - a) From Whom? b) Date of Purchase c) Price Paid	

11) Amount of Claim Amount of Salvage (Attach Voucher)	Rs.
12) Is the Animal insured elsewhere? Are you receiving compensation from any other source? If so, from whom.	
13) a) If animal has not died, describe the nature of injury/disease & state when it occurred & its duration: b) Has this Injury/disease resulted in permanent incapacity conceive or yield milk or loss of use for the purpose of which the animal is kept? c) What steps were taken by you after the injury/disease was noticed to prevent the permanent incapacity to conceive or yield milk or loss of use for the purpose of which the animal is kept?	

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:.....