

LIBERTY LIVESTOCK AND PET CONNECT POLICY CLAIM FORM

Claim No. :		Policy No. :	
Beneficiary Name :			
S/o, W/o, D/o :			
Address :			
	Phone number :		
Type of Livestock :			
Breed of Animal :			
Age :		Color :	
Method of intimation :		Date of intimation :	d d m m y y y y
Name of the person intimating the claim :			
Name of the person who inspected the Carcass of the Insured animal :			
Is the tag enclosed :			
If Yes, then Ear-Tag number :			
Photograph of the Insured Animal with Tag :			

In Case of Death of Animal

Date & Time of death of the Insured Animal : d d m m y y y y h h m m

Place of death of Insured Animal : _____

Cause of death : ☐ Diseases ☐ Accident ☐ Operation If any other please specify : _____

Date of Post Mortem done : d d m m y y y y

Name of Doctor who conducted Post Mortem : _____

In Case of Death due to Disease

Name of disease : _____

Name of the diagnostic tests undertaken Treatment given? (List of medicines used) : _____

In Case of death due to Accident

How did it occur and who was in charge of the animal? (please furnish Police Report) : _____

In case of death due to Operation

Reason and nature of operation? _____

Date & Time of operation? d d m m y y y y h h m m

Name & contact number of Veterinary Doctor? _____

In case of PTD Claim

Incapacity to : ☐ Conceive ☐ Yield Milk

Diagnostic test undertaken, mention the name Treatment given? (List of medicines used) : _____

Other Material Information

When was the animal first seen ill? _____

When was notice sent to Veterinary Doctor? _____

Dates of attendance by Veterinary Doctor? d d m m y y y y

Name and address of Veterinary Doctor? _____

Date of last Calving

d	d	m	m	y	y	y	y
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Is the Animal insured elsewhere? _____

Is compensation being received from any other source? If yes, name of the source? _____

Bank / Financing Institution : _____

List of Documents:

- i. Claim Form filled and signed by the Insured
- ii. FIR / Panchnama
- iii. Death cum PM Report by the Veterinary Doctor in case of death of animal
- iv. Disability certificate from Veterinary Doctor in case of Permanent Total Disability claims
- v. Intact Ear-tag
- vi. Photographs of the Dead animal with Ear-tag
- vii. Photographs taken during post mortem
- viii. Any other Document relevant to substantiate the loss.

Declaration

I/We, the above named do hereby declare that the information furnished in this claim form is true & correct to the best of my/our knowledge and belief and affirm that proper care and treatment was given to the animal. I/We agree that I/We have made or in any further declaration the company may require in respect of the said accident, disease shall make any false statement or any suppression or concealment, the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

We further authorize the Company to share the information under this Policy with its group companies in or outside India and with various service providers, including the surveyors & investigators.

Date :

d	d	m	m	y	y	y	y
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Place : _____

Signature of the Insured Person / Claimant

Witness Certificate

We the below named do hereby to the best of our knowledge and belief warrant the truth of the foregoing statements in every respect and affirm that the death of the above insured animal has been witnessed by us:

	Name	Signature	Thumb Impression	Address & Contact number	Identity Proof (Specify)
1					
2					
3					