

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				Identification No.	Insured's estimate of Market Value. Rs.
				Colour	Trunk	Tail Switch	Distinguishing Features		
	M/F	Years							

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:

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800