

## CATTLE & LIVESTOCK INSURANCE UNDER NATIONAL LIVESTOCK MISSION (NLM) CLAIMS 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 No/Door No. |  | Building name |          |  |  |  |
|                        | Road             |  |               |          |  |  |  |
|                        | Village          |  |               |          |  |  |  |
|                        | City             |  |               | Pin code |  |  |  |
|                        | State            |  |               |          |  |  |  |
|                        | Phone No.        |  |               |          |  |  |  |

### Details of Cattle in respect of which claim is made

| Detail s of the Cattle | Type of Cattle | Sex | Age    | Bre ed | Description of the Cattle |        |              |                          | Identi fication Tag No. | Insured 's estimat e of Market Value. |
|------------------------|----------------|-----|--------|--------|---------------------------|--------|--------------|--------------------------|-------------------------|---------------------------------------|
|                        |                | M/F | Yea rs |        | Colou r                   | Hor ns | Tail Switc h | Distinguishin g Features | Rt/Lt Ear               | Rs.                                   |
|                        |                |     |        |        |                           |        |              |                          |                         |                                       |

**Details of the Claim- Cover 1**

|  |  |
|--|--|
| Nature of Disease contracted.  |  |
| Date Disease was first detected  |  |
| Details regarding treatment of Disease.  |  |
| Name of Vet attending and Performing Post-mortem   |  |
| a) Date of the Death<br><br>b) Cause of Death<br><br>c) How and where did the accident happen? |  |

**Details of the Claim- Cover 2**



|   |  |
|---|--|
| a) Nature of Permanent Total Disability<br>b) Certificate from Vet obtained? If yes, please attach. |  |
| Name & address of the Vet who issued the Certificate of Soundness                                   |  |
| Name & address of the Hospital where treatment is taken/being taken                                 |  |
| Do you have any other Cattle Insurance Policy? If Yes, give details.                                |  |

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.

Date .....

Signature of the Insured

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