

Cattle Insurance Claim Form

Claim No.

*Policy No./ Certificate No.

Period From To

Date of Registration

Area Office/Service Center Code

Broker/Agent Name Code

Agent Mobile No. Agent Email ID

Details of Insured (To be filled in BLOCK LETTERS)

1. *Insured's Name Mr. Ms. Mrs.

2. *Address
 Flat/Building/Door/Block No.
 Road/Street/Sector
 Nearest Landmark
 Area
 City *Pin Code
 State Country
 *Phone *Mobile
 *Email PAN No.

3. Date of Birth 4. Gender M F

5. Profession/Occupation Business Profession Salary Agricultural Income Savings Others

6. Monthly Income: Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

7. UID Aadhar No./VID No

Details of the Cattle Insured

1. Ear Tag No.

2. When was the Cattle first observed to be ill?

3. Veterinary Inspection:
 When was notice sent to Veterinary?
 When first and last seen by Veterinary?
 Date of attendance
 Name of Veterinary Surgeon Dr.
 Address of Veterinary Surgeon

4. Date of death Place of death Time of death

5. Cause of Death:
 If from disease, nature of disease
 If from accident, how did it occur?
 If operated upon recently, state, nature and date, also name of surgeon

6. Purpose for which used or employed last at work.

7. Did you breed or buy the Cattle?

8. Date of last Calving.

9. If bought, please provide the following details:
 From whom
 Date of purchase Price Paid

An ISO 9001:2015 Certified Company

Policy Details

11 Sum Insured ₹

12 Amount of claim ₹

13 Is the Cattle also insured elsewhere Yes No
If yes, where

14. Are you receiving compensation from any other source? If so, from whom? Yes No

Injury Details

25 a. If Cattle has not died, describe the nature of injury / disease and state when it occurred and its duration.

b. Has this injury/disease resulted in permanent incapacity to conceive or yield milk?

c. What steps were taken by you after the injury / disease was noticed to prevent the permanent incapacity to conceive or yield milk.

Policyholder Bank Details

16 Name of the Bank Account Holder

17. Bank Account No.: 18. Account: Saving Current

19 Name of the Bank

20. Branch

21. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

22. IFSC Code (11 character code appearing on your cheque leaf)

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid BankAccount.*
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

Declaration

I/We the above named to hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care was given to the cattle. I / We agree that if I/We have made or in any further declaration the Company may require in respect of the said claim 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.

Witness:

Name :

Signature :

Signature of the Insured Person/ClaimantDate Address:

I hereby declare and consent that the discharge Vouchers signed by the banker in respect of the above claim will be a valid and effective discharge given by me in full and final settlement of the above claim

Date: Signature of the Borrower **Document Check List for Cattle Claim Submission**

Sr .No.	Cattle Claim Document Type	Yes/No
A	Duly filled and signed Claim form	
B	Attested copy of Post Mortem Examination report	
C	Original Ear Tag	
D	Veterinary Certificate from the concern Doctor confirming the valuation of the animal and containing the treatment detail.	
E	Color Photographs with clear Tag Number	
F	In case of Finance from Bank: Confirmation from the Bank with NEFT Details on a bank letter head	
G	Complete chart of treatment, Medical Receipts etc.	
H	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
I	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

Please note the above list is only indicative. Insured/ Claimant may have to submit additional documents/information if required.

* Mandatory details to be filled

Please courier documents to the below address:

Rcare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.
Email: rgicl.rcarehealth@relianceada.com. This form shall be applicable to following policies issued by Reliance General Insurance Company Limited.