

Claim No.

Reliance Livestock Protect Insurance Policy Claim Form

The issuance of this form is not to be construed as an admission of liability:

*Policy No./ Certificate No.			
Period From	[d d m m y y y y]	Period To	[d d m m y y y y]
Date of Registration	[d d m m y y y y]	Area Office Code	
Broker/Agent Name		Code	
Agent Mobile No.		Agent Email ID	

Details of Insured (To be filled in BLOCK LETTERS)

1. *Name of the Insured's	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
2. *Customer ID			
3. *Address			
Flat/Building/Door/Block No.			
Road/Street/Sector			
Area			
City		*Pin Code	
State		Country	
*Phone		*Mobile	
*Email			
4. UID Aadhar No./VID No.		5. Gender	<input type="checkbox"/> M <input type="checkbox"/> F
6. PAN No.		7. Date of Birth	[d d m m y y y y]
8. Profession/Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others		
9. Monthly Income:	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above		
10. Sum Insured	₹		

Details of the Cattle Insured

1. Ear Tag No.			
2. When was the Animal first seen ill?			
3. Veterinary Inspection:			
a) When was notice sent to Veterinary Doctor?			
b) When first and last seen by Veterinary Doctor?			
c) Dates of attendance.			
d) Name of Veterinary Doctor who attended.			
4. Date of death	[d d m m y y y y]	Place	
		Time	[h h m m]
5. Cause of Death:			
a) If from disease, nature of disease?			
b) If from accident, how did it occur?			
c) 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 animal?			
8. Date of last Calving, if applicable.			

An ISO 9001:2015 Certified Company

Rcare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.

IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered & Corporate Office: Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063.. Corporate Identity Number U66603MH2000PLC128300. Reliance Livestock Protect Insurance Policy UIN : IRDAN103RP0002V01201213 (Retail), UIN : IRDAN103CP0046V01201920 (Commercial). Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/MI-14/LS-CF/Ver. 1.7/020921

8. If bought state:
- a) From whom?
- b) Date of purchase
- c) Price Paid
9. Claims:
- a. Amount of claim.
- b. Is the animal insured elsewhere?
- c. Are you receiving compensation from any other source? If so, from whom?
10. a. If animal 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. Has this injury/disease resulted in permanent incapacity to perform the nature of work prescribed in the proposal form?
- d. 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

1. Name of the Bank Account Holder
2. Bank Account No.:
3. Account: Saving Current
4. Name of the Bank
5. Branch
6. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
7. 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 Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured 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 do 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 animal. 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 thereunder in respect of past or future claims shall be forfeited.

Date:

Signature of Insured _____

Name & Signature of Witness : _____

Address: _____

Date:

I _____ hereby declare and consent that the Discharge Voucher/s signed by the Banker/Financer 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 Livestock Claim Submission

Sr.No.	Livestock 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.
 Reliance Livestock Protect Insurance Policy UIN : IRDAN103RP0002V01201213 (Retail), UIN : IRDAN103CP0046V01201920 (Commercial).