

**FARMER'S PACKAGE POLICY (RETAIL)**  
**CLAIM FORM - CATTLE & LIVESTOCK INSURANCE**

Name of Insured

Agency

Policy No

Business Address

Home address

Tel No: (O)

(Mobile)

(e-mail)

1. Nature of Disease contracted.
2. Date Disease was first detected
3. Details regarding treatment of Disease.
4. Name of Vet attending and Performing Post-mortem
5. a) Date of the Death
6. b) Cause of Death
7. c) How and where did the accident happen?

8. a) Nature of Permanent Total Disability
9. b) Certificate from Vet obtained? If yes, please attach.
10. Whether Ear Tag has been submitted
11. Name & address of the Vet who issued the Certificate of Soundness
12. Name & address of the Hospital where treatment is taken/being taken
13. Do you have any other Cattle Insurance Policy? If Yes, give details.

I/We do hereby solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of the loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of Rs\_\_\_\_\_ and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of loss or damage not including profit of any kind.

I/We do hereby solemnly and sincerely declare that I/We have not either directly or indirectly, proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby, and I/We make the foregoing solemn declarations conscientiously believing the same to be true, this\_\_\_\_\_ day of\_\_\_\_\_.

Signature of the Insured

Date: \_\_\_\_\_