

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

(A joint venture between Murugappa Group & Mitsui Sumitomo Insurance Group)
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POLICY NO. _____

CLAIM NO. _____

LIVESTOCK INSURANCE (CATTLE) CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

NAME OF THE INSURED	
ADDRESS	
PIN CODE	
CENTRAL BANK OF INDIA A/C NO & BRANCH	
Description of the animal for which claim is made: a. State Cow/Buffalo etc., b. Species & Breed c. Sex d. Age in years e. Ear tag no. f. Color g. Identification details	
Value prior to illness/accident.	Rs.
<u>If the animal is dead describe the following</u> 1. State the purpose of use of the animal prior to illness/death 2. Whether the animal was ill before death? 3. When the animal was first seen ill? 4. Whether the animal was treated by Veterinary Surgeon? 5. If so, Name and address of the Veterinary Surgeon who treated the animal: 6. Dates of attendance of the Veterinary Surgeon 7. Cause of death 8. If due to accident, how did it occur? Pls describe.. 9. If due to illness state the nature of illness 10. Location where the animal died: 11. Date and time of death:	

Check List for Cattle Claim		
S. No.	Contents	Remarks
1	Type of animal:- Scheme/ Non Scheme	
2	Copy of Policy Schedule	
3	If animal was financed under Scheme than letter from bank regarding it and mentioning amount of subsidy	
4	Claim form duly signed by financier and insured.	
5	Photographs at the time of Post Mortem	
6	Post Mortem Report/ Death Certificate	
7	Intact Ear Tag (Mention Number)	
8	Panchnama	