



The New India Assurance Company Limited

Head Office: 87, M G Road, Fort, Mumbai-400001

LIVESTOCK CLAIM FORM

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

SERIAL NUMBER **PERTAINING TO SCHEME ANIMALS ONLY**

A) NAME OF BORROWER: _____

Bank's Name & Address: _____

To,
THE NEW INDIA ASSURANCE CO. LTD.
D.O./BRANCH

Sir,

Sub: Livestock Claim Intimation.

Policy No..... Date from..... to(period) S. Nos.....
belonging to Shri/Smt.....of
died on.....or suffering from Permanent Total Disablement.

Kind of animal/breed	Sex	Tag No./Kattoo No.	Natural identification marks

This paper is submitted fulfilling all formalities of above claim, please make necessary arrangements for the settlement of claim. The tags of the above animals are submitted herewith.

Thanking you,

Date:

* Strike out the portion not applicable
borrower/Bank

Signature of

B) DEATH CERTIFICATE

OR DEATH CERTIFICATE

- a)
- b) Breed.....
- c) Sex.....
- d) Age.....
- e) Tag No...../ Tattoo No.....
- f) Natural identification mark:

Species..... we certify that the animal
 described below belonging to
 Shri/Smt.....of
 village.....District.....died.
 Animal physically verified by me/us at the
 place of accident/death.

I hereby certify that the above mentioned
 animal belonging to Shri/Smt.....
of village.....died on
Tag Age
 due to accident/disease as confirmed by
No.
 Post-Mortem &/or symptoms prior to death and
 Observation of carcass.

DESCRIPTION OF ANIMAL

Breed **Male/** **Colour & other natural**
animal **Female identification Marks**

Date: Signature of Vet. Doctor
 (Seal of Office) Name:

Signature Signature
 (Seal of Office)

Qualification:
 Registration No.
 Milk
 Address:

Note: - Above signatories should be any
 two of the below mentioned authorities:
 1) Village Sarpanch 2) Officer of
 Collecting Centre / Govt. VAS 3)
 supervisor /inspector of Central Co. op.
 Bank 4) President or any other officer of
 Co. op. Credit Society. 5) D.R.D.A. or
 Authorised nominee

c) BANK'S CERTIFICATE

We hereby certify that animal _____ bearing Tag. No.
 _____ belonging to Shri/Smt. _____ of village _____
 under DRDA _____ in _____ Block was insured under Master
 Policy No. _____ Shri/Smt. _____ is an IRDP beneficiary with
 Bank Loan A/C. No. _____

Date:
 Place:

Signature of Bank Official
 Designation:
 Name:
 Address:

OFFICE NOTE

Master Policy No. _____ period date from _____ to _____
Insurance Certificate No. _____ period from _____ to _____
Animal died on _____ intimated on _____ Claim amount Rs. _____
Insured amount Rs. _____ Premium @ _____ %Rs. _____
received full/short Rs. _____ vide receipt No. _____
dated _____.

THE CLAIM AND ABOVE FINDINGS HAVE BEEN FOUND CORRECT. HENCE CLAIM IS APPROVED FOR Rs. _____

Date on which voucher sent:

Received voucher back on:

Date on which cheque sent:

Authorised Signature

ECS Details of the Insured

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	