

Claim No.: _____

CATTLE INSURANCE POLICY - COMMERCIAL - CLAIM FORM

*Policy No./ Certificate No.			
Period From	DD / MM / YYYY	To	DD / MM / YYYY
Date of Registration	DD / MM / YYYY		
Area Office/Service Centre 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. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
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	DD / MM / YYYY	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.			

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?	DD / MM / YYYY	Date of attendance	DD / MM / YYYY
Name of Veterinary Surgeon	Dr F I R S T M I D D L E L A S T		

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. 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. Cattle Insurance Policy - Commercial . UIN No.: IRDAN103CP0008V01201920. IGI/MCOM/CO/MI-24-C/CF/VER.1.0/140426.


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Address of Veterinary Surgeon			
4. Date of death	DD / MM / YYYY		
Place of death		Time of death	HH / MM
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	DD / MM / YYYY		
9. If bought, please provide the following details:			
From whom			
Date of purchase	DD / MM / YYYY	Price Paid	₹

POLICY DETAILS

10. Sum Insured	₹	11. Amount of claim	₹
12. Is the Cattle also insured elsewhere		☐ Yes ☐ No	
If yes, where			
13. Are you receiving compensation from any other source? If so, from whom? ☐ Yes ☐ No			

INJURY DETAILS

14. 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

15. Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
16. Bank Account No.:		17. Account:	☐ Saving ☐ Current
18. Name of the Bank			
19. Branch			
20. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
21. 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 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.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :
"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."
 (db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
 2. I Understand that the Company has the right to call for document to established sources of funds.
 3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- Place: _____
- Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

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: _____

Date: _____

Signature of the Insured Person/Claimant

Address: _____

Signature

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



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022 4890 3009 (Paid)



74004 22200 (WhatsApp)



DOCUMENT CHECK LIST FOR CATTLE CLAIM SUBMISSION

Sr. No.	Cattle Claim Document Type	☐ Yes ☐ No
A	Duly filled and signed Claim form	☐ Yes ☐ No
B	Attested copy of Post Mortem Examination report	☐ Yes ☐ No
C	Original Ear Tag	☐ Yes ☐ No
D	Veterinary Certificate from the concern Doctor confirming the valuation of the animal and containing the treatment detail.	☐ Yes ☐ No
E	Color Photographs with clear Tag Number	☐ Yes ☐ No
F	In case of Finance from Bank: Confirmation from the Bank with NEFT Details on a bank letter head	☐ Yes ☐ No
G	Complete chart of treatment, Medical Receipts etc.	☐ Yes ☐ No
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.	☐ Yes ☐ No
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.	☐ Yes ☐ No

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:

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

Email: healthcare@indusindinsurance.com. This form shall be applicable to following policies issued by IndusInd General Insurance Company Limited.