GENERALI Central INSURANCE

DOG SURAKSHA
CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

Description of Animal Claimed For

Insurance Policy No.	**Period of Insurance**
DETAILS OF INSURED	
Name:	
Address: City: Pin: Contact Telephone : e-mail:	

Type of Animal	**Breed**	**Sex**	**Age**	**Detailed Description of Animal Like Colour, Tail, Height, Body marks, other distinct features**	**Kennel Club Registration No.(If registered)**	**Value prior to Loss**

1.When was the animal first seen ill?	
2. When was notice sent to Veterinary Doctor?	
3. When first and last seen by Veterinary Doctor?	
4. Name and address of Veterinary Doctor who attended.	
5. Place, Date and Time of Death/Injury/loss.	
6. If from Disease, how do you account for it? If from Accident, how it occurred?	
7. Purpose for which used or employed before Death/ Injury/Loss.	
8. Did you breed or buy the Animal?	

9. Date of last whelping.	
10. If bought, State: - a) From Whom? b) Date of purchase c) Price Paid	 a) b) c)
11. Amount of claim	Rs.
12. Is the animal insured elsewhere? Are you receiving compensation from any other source? If so, from whom.	
13. (Please give full description of Loss) a. If animal has not died, describe the nature of injury or nature of loss. Please state when it occurred & its duration b. When and Under What Circumstances the animal is lost or stolen? c. Whether FIR Lodged, If Yes Its Number d. When and Where the Dog show was arranged? e. How the animal was transported? f. Any other relevant information.	

Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:

Place: Signature of Insured/ Claimant