CAMEL INSURANCE
CLAIM FORM

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

Insurance Policy Number	
Period of Insurance	**From** **To**
A. DETAILS OF INSURED CLAIMANT	
1 Name Of Insured/Claimant	
2 Address	**City:** **State:** **Pin Code:**
3 Contact	**Phone Number:** **Mobile Number:** **E-mail:**

GENERALI Central INSURANCE

DESCRIPTION OF ANIMAL CLAIMED FOR

Type of Animal	EarTag	Breed Number	Sex	Detailed Description Of Animal Like Colour, body Marks, Other Distinct Features	Age	Value prior to illness/Death

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 of death, with date and hour.	
6. If from Disease, how do you account for it? If from Accident, how did occur and who was In charge? If operated upon recently, state nature & date, also name of Surgeon.	
7. Purpose for which used or employed before Death.	
8. Did you breed or buy the Animal?	
9. Date of last calving.	
10. If bought, State: - a) From Whom? b) Date of purchase	a) b)

c) Price Paid	c)
11. Amount of claim Amount of salvage (attach voucher)	`
12. Is the animal insured elsewhere? Are you receiving compensation from any other source? If so, from whom.	
13. a) If animal has not died, describe the nature of injury/disease & state when it occurred & its duration	
b) Has this injury/disease resulted in permanent incapacity conceive or yield milk or loss of use for the purpose of which the animal is kept ? c) What steps were taken by you after the injury/disease was noticed to prevent the Permanent incapacity to conceive or yield milk or loss of use for the purpose of which the animal is kept?	

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