

POULTRY INSURANCE CLAIM FORM

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

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DETAILS O	F INSURED			
Name:				
Address:				
			- ·	
			City:	Pin:
Contact Tele	ephone:			
e-mail:				
DESCRIPTI	ON OF BIRDS CLAIME	D FOR		
D. (AL CLUB I P. I		D. C. L. N.	D. 11. Ob. 1
Date	No. of birds died	Age of birds	Batch No.	Poultry Shed
		in weeks		No.
	1		'	'
OTHER DE	TAILS			
1. When was	s the illness seen first?			
2. When was	2. When was notice sent to Veterinary Doctor?			
3. When firs	t and last seen by Veteri	nary Doctor?		
4. Dates of a	attendance by Veterinary	/ Doctor:		
	d address of Veterinary [Joctor who		
attended.				
6 Causa of	Dooth			
	Cause of Death:If from Disease, how do you account for it?			
	lent, how do you account	I IOI IL?		
	duction of the dead birds	s in the farm		
7. Date of in	duction of the dead bird.			
8 Whether	all necessary vaccination	ns carried out?		
Dates of vac				
9. Amount o	f claim		`	
Amount of salvage (attach voucher)				

UIN: IRDAN132RPMS0011V01200910



Date:

10. Are the birds insured else where?	
Are you being compensated from any other	
source?	
If so, from whom.	

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 claim shall be forfeited.

Place:	
Signature of Insured:	

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: https://generalicentralinsurance.com | Email ID: gcicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800

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