

**53. Claim Form (OIC Insurance)**Private and Confidential – **CLAIM FORM OF OIC**

Policy No.

Claim No.

**LIVESTOCK CLAIM FORM CUM VALUATION CERTIFICATE****ORIENTAL INSURANCE CO. LTD.**

(A Govt. of India Undertaking)

I hereby certify that the animal described below, the property of

S/o Sh.

V.P.O.

Teh.

Distt.

died on

and that I attended

the said animal from

to

<b>DESCRIPTION OF ANIMAL:-</b>							
Species & Breed	Ear Tag No. & Position of Tag on the ear (Lt/Rt)	Sex	Colour	Natural/ Physical Marks Identification	Date of Last Calving	Age (yrs)	
	LTE/ RTE						
1	Did you make a post-mortem? If yes, give report on a separate sheet of paper?						
2	Cause of Death?						
3	If from accident where did it occur and nature of injuries?						
4	If from disease, how do you account for it?						
5	If from operation, give date and nature of operation.						
6	External appearance of carcass.						
7	Had the animal every care and attention?						
8	Did you examine the animal at the time of insurance and can you identify the animal?						
9	(a) If animal has not died, describe the nature of injury, disease and state when it occurred and its duration.						
	(b) Has the injuries/disease resulted in permanent incapacity to conceive or yield milk?						
	(b) Did you treat the animal for the injuries/ disease? And if so, what was the nature of treatment given to prevent the permanent incapacity to conceive or yield milk?						



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**VALUATION CERTIFICATE:-**

This is certified that the Post Mortem examination of the animal described above has been conducted by me on

- 1 The calf on foot
- 2 Milk Yield

The other particulars are as under:-

Sex	Age
-----	-----

- |     |                         |       |           |
|-----|-------------------------|-------|-----------|
| (a) | At start of Lactation   | ..... | Litre/day |
| (b) | At the end of Lactation | ..... | Litre/day |
| (c) | Two months before death | ..... | Litre/day |
| (d) | At death if lactating   | ..... | Litre/day |

- 3 Pregnancy in Months ..... Months
- 4 Details in brief regarding health of animal

I hereby warrant the truth of my answer regarding the above dead animal and I know no material information which has been withheld.

Dated

**Signature**

**Address with Office Stamp**

Qualification  
GVH