

Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

## IGI GENERAL INSURANCE LIMITED

### LIVE STOCK CLAIM FORM

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

The issue of this form is not to be taken as an admission of Liability.

Name of Insured (in full) \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Occupation: \_\_\_\_\_

### DESCRIPTION OF ANIMAL CLAIMED FOR

Name	Sex	Colour and full Distinguishing Marks	Natural body Marks/Tag No. Branding Mark	AGE Years / Months	Value prior to illness in Rs.
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1. When was the Animal first seen ill?

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2. When was notice sent to Veterinary Doctor?

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3. When first and Last seen by Veterinary Doctor?

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4. Dates of attendance by Veterinarian:

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5. Name and address of Veterinary Surgeon who attended.

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6. Place of death, with date and time.

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7. Cause of Death:

If from Disease, how do you account for it?

If from Accident, how did it occur and who

Was in charge? (describe history of accident in short)

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If operated upon recently, state nature of illness  
And date Name of Surgeon, who operated?

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8 Purpose for which used employed when Last  
at work (if lactation what is present lactation  
in Liters)

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9. Did you breed or buy the Animal?

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10 If state:

(a) From whom

(b) Date of purchase

(c) Price paid

(a)

(b)

(c)

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11. Dates of last calving

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12 Milk yield of animal at the time of death / injury

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13. Amount of Claim

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14. a) What steps were taken by you after the  
Injury / disease was noticed?

b) Treatment given, date:

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15 Is the animal insured elsewhere?  
Are you receiving compensation from any other  
source ? If so, whom and what is the amount received

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I / We the above named do hereby to the best of my / our Knowledge and belief warrant the truth of the forgoing statements in every respect and affirm that proper Treatment and care was given to the animal. I / We have made or in any further declaration the Company may required in respect of the said accident shall make any false statement or any suppression or concealment the Policy shall be void and all right to recover thereunder in respect of past of future accidents shall be forfeited.

Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Name and Signature of Witness: \_\_\_\_\_