



Your Trusted Risk Manager

সেনা কল্যাণ ইন্স্যুরেন্স কোম্পানী লি:
Sena Kalyan Insurance Company Ltd.
(A Concern of Sena Kalyan Sangstha)

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LIVESTOCK POLICY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delays dispatch of this form and such particulars may be sent later.

Policy Number: _____ Claim No. _____

A. DETAILS OF INSURED

Name _____	P.S _____
Address _____	Dist. _____
_____	Country: _____
Phone No. _____ Mobile No. _____	Email : _____
Business /Occupation _____	
Policy Period From __/__/____ To __/__/____	

B. DETAILS OF INSURED ANIMAL

Muzzle Tag No. & date of Tagging	Type of animal	Gender	Breed	Color	Natural Marks	Age	Value Priorto Illness

Date of Injury/ Sickness / Death _____

Is the Animal/s insured under MFAL/IRDP/GOB etc. YES NO

Is the Animal Financed by Bank / Financial Institution, If Yes, specify, Name and Address of the Bank/ Financing Institution _____

Detail the Circumstances leading to the Injury / Sickness / Death of animal _____

C. DETAILS OF OTHER INSURANCES

Give details of other Insurance's, if any, covering affected property _

D. DETAILS OF PREVIOUS LOSSES

Give details of Previous Claims, if any, _____

E. DETAILS PERTAINING TO THE LOSS

1. When was the animal first seen ill/ injured?	____/____/____
2. When was notice sent to the Veterinary Doctor?	____/____/____
3. When first and last seen by Veterinary Doctor?	
4. Date/s of attendance?	
5. Name and address of Veterinary Doctor who attended?	Phone/ Mobile No:
6. Place of Death /PTD with Date and Hour (Attach photographs of the carcass)	____/____/____, ____:____AM/ PM
7. Cause of Death/ PTD: (specifically mention the disease) a) If from disease, how do you account for it? b) If from accident, how did it occur and who was in charge of the animal? c) If operated, state nature of operation, date and name of Vet. Surgeon?	
8. Purpose for which the animal is used at the time of death/ PTD?	
9. a) Did you breed or buy the animal? b) If bought, state from whom purchased, date of purchase and price paid.	
10. Date of last Calving?	____/____/____
11. a) Is the animal insured elsewhere? b) Is compensation being received from any other source, If so from whom?	
12. a) If animal has not died, describe nature of injury/ disease and state when occurred? b) Has this injury/disease resulted in permanent incapacity to conceive or yield milk? c) What steps were taken by you after the injury/ disease was noticed to prevent permanent incapacity to conceive or yield milk?	

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information, if yes, please specify : _____

I/We the above named do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and affirm that proper treatment and care was given to the animal. I/We agree that if I/We have made or in any further declaration the company may require in respect of the said accident, disease shall make any false statement or any suppression or concealment, the Policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited.

Date:**Place:**Signature of Witness (*in case of thumb impression only*)**Signature/ Thumb impression of Insured**

CERTIFICATE BY VETENIARY DOCTOR

(Post Mortem is to be conducted and Report to provided separately)

*** While providing the below details please strike out whichever is not applicable.**

I confirm that I was informed of the death of the Milch Cattle identified with **Muzzle-Tag No.:** _____ belonging to Mr/ Mrs. _____ of Village _____ on ____/____/____ at ____:____.

The animal reportedly died on ____/____/____ at ____:____. The Post-Mortem was conducted by me on ____/____/____ at ____:____ Place _____.

The Muzzle tag was Intact / Not-Intact / Not Available on the ear of the animal at the time of conducting the Post-mortem.

The animal was suffering with the disease / illness from ____/____/____. The animal was **TREATED / NOT TREATED** by Me/ Dr. _____, Designation: _____, at the Farm / Govt. Veterinary Hospital _____.

If Treatment was given, please provide particulars of the treatment below:

Date	Medicines / Drugs Prescribed	Indications / used for	Purchased at (if not provided by GVH)

- I opine that there is **No Delay / Delay** of _____ days, in providing treatment to the animal.
- I opine that the animal was **Not Provided / Provided** sufficient feed & fodder, nutrients and minerals before and during treatment.
- I **confirm / cannot confirm** that the animal was given preventive vaccinations as per the prescribed schedule.
- I **confirm / cannot confirm** that the medicines, drugs and the procedures followed by the attending veterinary doctor are wholly in accordance with the treatment necessary for treating the disease / accident diagnosed.

Basing on the findings in the Post-mortem of the deceased animal (*submit Photos if taken*) and the physical and clinical record findings, I hereby confirm to the best of my professional knowledge and belief that the animal died due to _____ Disease / Accident / Procedure.

Market Value of the Animal before contacting the disease and/ or accident was Rs. _____/-

Additional Observations, if any:

1.

2.

Date: ____/____/____
Seal and Stamp

Signature of Authorized Veterinary Officer
Name: Dr.