

Please note that the issue of this claim form is not to be taken as an admission of liability. The claim form is to be duly filled and signed by the insured. All facts and statements must be factual, and not influenced or biased in any favour. If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

1) Name of the Insured:								
Address								
		City:	State:			Pin code:		
Contact details		Phone No:	Mobile No:			Email Id:		
2) Policy number							To:	
3) Claim no.								
4) Details of insured dog in respect of which claim is made								
Name of Pet Dog(s)	Breed category	Sex (M/F)	Age (YY.MM)	Breed	Weight of the Pet Dog	Description of the pet Dog - Tail Switch, Body Marks, Other Distinguishing Features etc.	Identification	Value of Pet Dog (Rs)
5) Details of the Claim:								
Name of the Cover in which claim has incurred along with details		Date of Loss	Place of Loss			Estimated Claim Amount		
Funeral Cost Cover								
Terminal Illness Cover								
Surgery and Hospitalisation								
Death Cover								
Third Party Liability								
Lost and Stolen Cover								
Emergency Pet Minding								
Veterinary Consultation and Doctor on Call								
6) In case of Lost and Stolen Cover, please provide Police's General Diary details								
7) Please confirm if any advertisement is given or proposed to be given for lost Insured Dog.								
8) In case the lost Insured Dog is found, please confirm how and who traced the Insured Dog.								

9) Have you received any legal notice from a third party with regard to injury caused by Insured Dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details:	
10) Name of the Vet Clinic/Hospital: Name of the Vet: Contact no: Email id:	
11) Do you have any other Pet Dog Insurance Policy? If yes, give details.	
12) Please confirm if below documents are enclosed with this form:	
<ul style="list-style-type: none"> · Vaccination Certificates · Death Certificate along with colored photographs of the Insured Dog (in case of Claim under Death Cover) · Vet Medical Papers and Bill (in case of Claims under Surgery & Hospitalisation, Death Cover), Copy of General Diary Entry lodged by Police (in case of Claim under Lost and Stolen Cover) · FIR (in case of Claim under Third Party Liability Cover) · Copy of advertisement (in case of Claim under Lost and Stolen Cover) · Hospitalization bill (in case of Claim under Surgery & Hospitalization Cover) · Court Orders (in case of Claim under Third Party Liability Cover) · Diagnostics Report (in case of Claim under Terminal Illness Cover, and Veterinary Consultation and Doctor On Call Cover) · Any other documents if required by the Company to process the Claim · Hospital bills of the Policyholder for Emergency Pet Minding Cover and self- declaration on non-availability of Family members. 	
13) Any Other Relevant Information	

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 I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said loss/damage, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be void, and all rights to recover there under in respect of past or future loss/damage shall be forfeited.

Date _____

Place _____

Signature of Insured: _____

Name of the Insured: _____

