



The **UNITED INSURANCE COMPANY OF PAKISTAN LTD.**
A Member Company of United International Group

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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?

2. When was notice sent to Veterinary Doctor?

3. When first and Last seen by Veterinary Doctor?

4. Dates of attendance by Veterinarian:

5. Name and address of Veterinary Surgeon who attended.

6. Place of death, with date and time.

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).

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

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

9. Did you bread or buy the Animal?

10. If state:

(a) From whom	(a)
(b) Date of purchase	(b)
(c) Price paid	(c)

11. Dates of last calving

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

13. Amount of Claim

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

b) Treatment given, date:

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

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: _____