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NEW INDIA ASSURANCE COMPANY LIMITED
401 & 402 4th FLOOR, ALKARIM TRADE CENTRE, M.G.ROAD,
RANIGUNJ, SECUNDERABAD - 500003
TSSGDCFL SHEEP INSURANCE MASTER POLICY NO. / NIA /2021
CERTIFICATE OF INSURANCE NO.

CLAIM FORM CUM DEATH CERTIFICATE WITH REASONS OF DEATH AND ADVANCE DISCHARGE VOUCHER FOR SHEEP GROUNDED UNDER SRDP SCHEME OF TSSGDCFL

01	Name of the insured / beneficiary (in full)			
02	Aadhar No.			
03	Mobile No. of beneficiary			
04	Village			
05	Mandal			
06	District			
07	Name of the PSBCS			
08	Policy period	From	To	
09	Date & Time of death of animal			
10	Date & Time of claim intimation			
11	Description of animal died :			
	Ear Tag No.	Ewe / Ram	Age of animal	Sum insured (Rs.)

Check-list of documents/ other requirements to be submitted along with CDC	
(1) Ear Tag No.	
(2) Photograph of dead animal	
(3) VAS/ MRO Certificate / FIR (in case of accident & AOG peril)	As applicable
Date:	
<i>Signature of Society President</i>	<i>Signature of beneficiary</i>
<u>CLAIM DISCHARGE VOUCHER</u>	
Received with thanks an amount of Rs. _____ /- (Rupees _____ only) from New India Assurance Co., Ltd., towards full & final settlement for claim No. _____ for the death of Ewe / Ram with tag No. _____.	
Date:	Signature of beneficiary
<u>DEATH CERTIFICATE</u>	
I certify that the ewe / ram died above was verified & examined by me as detailed under:-	
A) Date & time of death of animal	
B) Date & time of conducting veterinary examination	
C) Registration No. as entered in the Livestock Death Register	
D) Animal death findings	
E) Cause of death	
Date:	Signature & Seal of VAS: Mobile No. of VAS: