**Ref : Death Cattle Claim{{claimdate}} DATE :{{date}}**

**To,**

**The Manager,**

**The Oriental Insurance Co. Ltd.,**

**S.V.C – Ahmedabad**

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| --- | --- | --- | --- |
| **Tag No.** | {{ tagnumber }} | **Type** | {{ cattletype }} |
| **Owner & Contact** | {{ ownername }}  (M) - #{{ ownercontact }} | **Village** | At-{{ location }} Ta-{{ taluka }}  Dist-Banaskantha |
| **D/T of Loss** | {{ lossdate }}, AT{{ losstime }} | **Invest. Date** | {{ lossdate }} |
| **Policy No.** | **142600/47/{{ policynumber }}** | **Period** | **{{ policyperiod }}** |
| **Intim. Date** | {{ lossdate }} | **Total Sum** | **50,000 = 00** |
| **Cattle loan** | {{ loan }} | **Insured** | {{ ownername }} |
| **Bank Name** | {{ bankname}} | **A/C Holder** | {{ ownername }} |
| **IFSC code** | {{ ifsccode }} | **A/C No.** | {{ accountnumber }} |

Dear Sir,

I have personally visited the residence of the cattle owner and conducted a thorough investigation of the matter. Additionally, I visited the reported site of the incident to verify the details and have documented my observations accordingly.

**P A R T I C U L A R S**

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| **1** | **Visit to the Residence of the Deceased Cattle Owner** |

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| --- | --- | --- | --- |
| **Loss Date** | {{ lossdate }} | **Invest. Date** | {{ lossdate }} |
| **Cattle Type** | {{ cattletype }} | **Ear Tag Located** | {{ taglocation }} |
| **Colour** | {{ cattlecolor }} | **Lactation** | {{ lactation }} |
| **Horns** | Polled | **Pregnant** | {{ pregnant }} |
| **Tail** | {{ cattletail }} switch of tail | **Milkey** | {{ milkey }} |
| **Special Marks** | {{ specialmarks }} | **Special Treatment** | {{ treatment }} |
| **Type of Death** | {{ deathtype }} {{ dayssick }} | | |

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| --- | --- |
| **Visit to the Cattle Owner** | I visited the location where the **{{ cattletype }}** was reported deceased and met with **{{ ownername }}**, the owner, to collect relevant information concerning the incident. During the visit, I gathered all necessary details and supporting documents, including a **written confirmation** from the owner regarding the death of the **{{ cattletype }}** in accordance with her statement.   * The **{{ cattletype }}** reportedly **{{ deathtype }}**. * The animal was identified with an **insurance yellow tag {{ tagnumber }} affixed to the {{ taglocation}}**. |

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| **Visit Eye-Witnesses and Neighbours** | I personally visited the site for investigation and cross-verified the details with the listed eyewitnesses and neighbouring individuals. Based on the information gathered during the visit, it was confirmed that the cattle belonging to **{{ ownername }}** passed away on **{{ lossdate }}** due to a **{{ deathtype }}**. The information provided by the witnesses appears to be consistent and reliable. |

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| **Certified by Sarpanch, Dairy Co-op, and butcher confirming {{ cattletype}}'s death** | The Village of **{{ location }}**, Dairy Cooperative, and the local butcher have provided a certificate confirming that **{{ ownername }}’s** **{{ cattletype }}** died on **{{ lossdate }}.** |

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| **2** | **As per the Death Certificate and P.M. Report, details of the deceased cattle are as follows:** |

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| --- | --- | --- | --- |
| **Date and Time** | **Name of Doctor** | **Unique ID of the Cattle** | **Cause of Death** |
| {{ lossdate }}, AT {{ losstime }} | Bans Dairy V.O  (GVC - {{ gvc }}) | {{ tagnumber }} | “{{disease}}” |

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| **3** | **Insurer's Assessment & Approval** |

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| Sum Insured | Rs. – 50,000 = 00 |
| Deductible Excess | Rs. – 00,000 = 00 |
| **Final Payable Amount** | **Rs. – 50,000 = 00** |

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| **🖎 Investigator's Remarks / Opinion** |

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| * I received the spot intimation on **{{ lossdate** **}}** and conducted the visit on the **{{ visit }}**. * Based on my investigation and the supporting documents collected, it is confirmed that **{{ ownername }}’s {{ cattletype }}** died suddenly on **{{ lossdate }}** **at {{ losstime }}.** * During the investigation, I observed that the **Yellow Tag No. {{ tagnumber }}** was stitched on the **{{ taglocation }}** of the deceased **{{ cattletype }}**. * The physical description and photographs of the deceased animal **match the insured livestock records**. * The mentioned tag number corresponds to **Policy No. 142600/47/{{ policynumber }},** valid **{{ policyperiod }}**, and the claim falls within the coverage period. * The above Cattle Claim has been verified by me and all the relevant papers/documents in this regard are submitted herewith for your suitable order. |

**Note:** This report is issued **strictly without prejudice**, is **confidential**, and intended **solely for insurance purposes**.

Thanking you, Yours Truly,

**Dilipkumar G. Parmar**

**(Investigator)**

**E N C L O S U R E S**

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| **1** | Original TAG | **2** | Photographs Sheet (Original) |
| **3** | Statements of Cattle Owner (Original) | **4** | Live Photo Compare Photographs |
| **5** | Original Claim Form | **6** | Dudhmandali,& Butcher Certificate (Original) |
| **7** | Sarpanch Certificate & Discharge Voucher (Original) | **8** | Bank Passbook of Cattle Owner (Photo Copy) |
| **9** | ID Adhar Card, of Cattle Owner (Photo Copy) | **10** | Policy copy (Photo Copy) (Photo Copy) |
| **11.** | Health Certificate (Photo Copy) | **12.** | P. M Report (Death Certificate) (Original) |

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| **Ref : Death Cattle Claim {{claimdate}} DATE : {{date}}**  **ADVANCE RECEIPT**   |  |  |  | | --- | --- | --- | | To,  **The Oriental Insurance Co. Ltd.**  CLAIM SERVICE CENTER  2nd Floor, AmrutJayantiBhavan,  Navjivan Trust Building,  Ahmedabad. | **Spot Investigation Report**  Deceased Cattle  Date of Death :  {{ **lossdate** }}  **Tag No :** {{ tagnumber }}  **Policy No** :  142600/47/{{ policynumber }}  **Owner**:  {{ ownername }} | **PAN :** AHZPP0375P  **DILIPKUMAR GANPATBHAI PARMAR**  **A/C No :** 29090100010515  **Bank Name**:  Bank of Baroda  ( Isanpur Branch )  **IFSC Code :** BARB01SANPU |  |  | | --- | | **Professional Investigation Fees**  **Conveyance Charge For Visit 1500 = 00**  **Misc.** | | **TOTAL 1500 = 00** | | **Received :** One Thousand Five Hundred Only |   Thanking you, Yours Truly,  **Dilipkumar G. Parmar**  **(Investigator)** |

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