

**CLAIM FORM cum DEATH CERTIFICATE with PM Findings and ADVANCE DISCHARGE VOUCHER**  
**for the sheep under NCDC (TSSGDCFL) SCHEME (CDC)**

01.	Name of the Insured/ beneficiary (in full) (as appearing in the Bank Account)			
02.	Aadhar No.			
03.	Mobile number of beneficiary			
04.	Village Society & Mandal & District			
05.	Policy No.			
06.	Policy period	From		To
07.	Date of Death of animal			
08.	Date of Claim Intimation			
09.	Description of animal claimed for:			
	Ear Tag Number	Sheep/Ram	Age of animal	Sum Insured
10.	Whether VISA photograph of dead animal along with animal & Beneficiary Photo attached? IN VISA Photo only face of the dead animal showing Ear tag with number fully visible be seen in the photograph. This photo and number should match the photo uploaded at the time of insuring. Other photograph with beneficiary beside dead animal (long shot) be taken and sent.			Yes/No
<b>Check-list of Documents/other requirements to be submitted along with CDC</b>				
	(1) Ear tag	✓	(No tag...No Claim)	
	(2) Photographs as detailed above	✓	Compulsory	
	(3) MRO Certificate/ FIR (in case of accident & AOG Peril)		As applicable	
I confirm that I have completed all the formalities of the above claim. The ear tag of the animal is submitted along with this claim. Please settle the claim at the earliest.				
<b>Date:</b>		<b>Signature/Thumb Impression of Beneficiary</b>		
<b>Death &amp; Post-mortem Certificate</b>				
I certify that the animal described above died and post-mortem was conducted by me as detailed hereunder:				
A)	Date & Time of Death of animal			
B)	Date & Time of Conducting post-mortem			
C)	Post-mortem No. as per Post-mortem register			
D)	Post-mortem findings			
E)	Cause of death			
Date		<b>Signature &amp; Seal of the VAS/ED</b>		
		Mobile number of VAS/ED.....		
<b>Claim Discharge Voucher</b>				
Received with thanks an amount of Rs. _____ (Rupees _____ only) from <b>National Insurance Co. Ltd.</b> towards full & final settlement for claim No. _____ for the death of sheep with tag number _____.				
<b>Date:</b>		<b>Signature/Thumb Impression of beneficiary</b>		