First Floor, The Ferns Icon, Survey No. 28, Next to Akme Ballet, Doddanekundi, Off Outer Ring Road, Bangalore-560037,
Toll-Free Helpline: 1800-103-2292
E-mail: claims@bharti-axagi.co.in
SMS <CLAIM> to 5667700

Website: www.bharti-axagi.co.in



ISSUANCE OF THIS	s for	M IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY
		ock Letters and Tick the Boxes where appropriate and do not leave any column unanswered.
Policy Number:		Claim Number:
Period of Insuranc	e: D	D[M]M[Y]Y[Y]Y to $D[D[M]M[Y]Y[Y]Y]$
		A. DETAILS OF INSURED
Name:		
Address:		
		Pin code:
Telephone No.:		Mobile No.:
Occupation:		
		B. LOSS DETAILS
A. Description of	Anin	nal
_	1.	Type of Animal
	2.	Breed of animal
_	3.	Color
_	4.	Sex
_	5. 6.	Age TAG No
_	7.	Natural Identification mark
B. Type of Loss		Death Permanent Total Disablement
	A ssid	
C. Date of Loss / /		
D. Place of Loss /	Accio	lent
E. Brief description	on of	incidence
F. Cause of Death		
	-	do you account for it
		did it occur
G. Amount of clai	im	
		C. ADDITIONAL DETAILS
H. Are vou receivi	ina c	ompensation from any other source ? If so, from whom ?.
-	_	ride any other information as relevant to the claim made Yes No
•	=	ed you may please attach a separate sheet)
knowledge and belie Company may requir	ef, war re in re	ditional information to the Company, if required. I/We the above named, do hereby, to the best of my/our rant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the espect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the ghts to recover thereunder in respect of past or future claims shall be forfeited

Date:

Place:

Signature / Left Thumb Impression of Insured

Broker: Loyal Insurance Brokers Ltd CF/LS/MANTR/05198wnloaded from www.insureatclick.com