

## **DOG INSURANCE**

### **1.APPLICABILITY**

Indigenous, cross bred or exotic dogs which are pets, watch dogs, sheep dogs and hunting dogs.

### **2.SCOPE OF COVER**

Death due to accident and/or diseases contracted during the period of insurance.

### **3.EXCLUSIONS**

**Common :** As per the Standard Dog Insurance Policy

**Specific :** Partial and permanent disability of any nature, Rabies, Canine Distemper and Leptospirosis. These diseases can be covered if preventive inoculation is done and certificate to that effect is submitted

### **4.AGE GROUP**

8 weeks to 8 years only.

### **5.VALUATION CERTIFICATE**

As certified by the duly qualified Veterinary doctor at the time of proposing the insurance. Veterinary Certificate from qualified Veterinary Doctor is necessary on the Company's form

Note: (1) Proposal should be referred to R.O. for acceptance.

(2) Minimum value of dog of any breed should not be less than Rs.200/- and

(3) Maximum value of any dog should not exceed Rs.10,000/- each.

(4) Proposals where S.I. exceeds, Rs.10,000/- have to be referred to H.O. for acceptance.

### **6.IDENTIFICATION**

Insured dogs must be suitably identified by one of the following methods :

- (a) Tattooing
- (b) Nose print
- (c) Coloured photograph. Normal physical identification marks and breed, sex, age, etc. should be clearly described in the Veterinary certificate and proposal form.
- (d) In the case of pups, one more colour photo may be taken at 6 to 8 months age. Cost of identification is to be borne by the Insured only.

## **7.PREMIUM**

6% flat on sum insured.

Minimum premium per policy Rs.20/-

## **8.CLAIM PROCEDURE**

1. Immediate intimation of death to Insurer.
2. Documents to be submitted.
  - (a) Duly completed claim form
  - (b) Vety. Certificate for death on Company's form giving market value at the time of death and cause of death.
  - (c) Post Mortem must be conducted in case of animals valued Rs.500/- or more.

## **9.INDEMNITY**

80% Market value or sum insured whichever is less. 20% of the claim amount to be borne by the insured.

## **10.SALV AGE**

In the event of death of insured dog, any amount received or receivable by the proposer from third parties and the value of the salvage recovered, if any, would be deducted from the claim amount.

## **11.EXTENSIONS OF THE POLICY**

The policy may be extended as per the following sections and the proposer may choose to cover risk under any sections by payment of extra premium.

Section 1 : Death by accident in transit by air, rail, road and water and show risk..1/2%

Section 2 : Death by accident poisoning ... 1%

Section 3 : Breeding risk

(a) Death by whelping ... ½%

(b) Loss of litter in case the whole litter is born and dies within 14 days after birth ... 2%

Section 4 : Lost or stolen dogs (including burglary or Housebreaking ... 2%

Section 5 : Loss of show entry fees (Limit Rs.250/-) when the dog which is registered with the Kennel Club is unable to attend the show because of accident or diseases covered by the policy ... ¼%

Section 6 : Loss of value (limit of one half of sum insured) resultant upon an accident, which does not result in death but which averts its show career .. ½%

Section 7 : Liability for personal injury and damage to property (including animals, poultry or third parties ) upto Rs.5,000/- ...1%

Note: liability to members of the insured's family or employees is excluded.

Section 8 : World wide transit clause

This covers transit to various parts of the world and back to India and/or from other countries to India.

- (a) Risk of death from any cause (except whelping but with liberty to be kennelled or checked).
- (b) Cover 24 hours after arrival at ultimate destination or until previous arrivals in quarantine..2%

Note: All certificates of vaccination should be produced before leaving the country. Other terms and conditions are as per standard Dog Insurance policy.

## 12. AGENCY COMMISSION

10% and will be treated as RNTB business.

**Note :** Cover against loss of litter has to be granted very carefully and should preferably be avoided. Tentative number of pups expected to be delivered by the bitch (which may be determined by obtaining previous record or even breed of bitch gives fair idea) alongwith value per pup must be recorded in the policy. In any case, sum insured against the loss of litter should not exceed the value of bitch itself i.e Sum Insured for Bitch.

दि ओरिएण्टल इन्सुरेंस कम्पनी लिमिटेड  
**The Oriental Insurance Company Limited**  
 ए-25/27 आसफ अली रोड, नई दिल्ली - 110 002  
 A-25/27 ASAF ALI ROAD, NEW DELHI-110 002.

कुत्तों के बीमे हेतु प्रस्ताव फार्म  
**PROPOSAL FORM FOR DOGS INSURANCE**

1. मालिक/मालिकों का नाम :  
Name of the owner (s) :
2. पता :  
Address :
3. व्यवसाय :  
Occupation :
4. किस अवधि के लिए बीमे : ..... से ..... तक की आवश्यकता है  
For which period insurance : From ..... to .....  
is required. ?
5. बीमे के लिए प्रस्तावित प्रत्येक कुत्ते के विषय में निम्नलिखित विवरण पूर्णतः दीजिए :-  
Give the following particulars in full of each of the dog proposed for insurance :

कुत्ते का नाम और पहचान Name of Dog & identification	नस्ल Breed	लिंग रंग और पूर्ण पहचान चिन्ह Sex, Colour & Full Distinguishing marks	वर्षों में आयु जन्मतिथि Age in years/ Date of Birth	कद Height	खरीद की तिथि और स्थान तथा लागत मूल्य Date & Place of purchase & cost price	वर्तमान बाजार मूल्य Present market value	बीमे की राशि Sum for which insurance is required

6. कुल बीमित राशि  
Total Sum Insured

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7. कुत्ते/कुत्तों का प्रयोग किस उद्देश्य के लिए किया जाएगा :  
State for what purpose the dog/s will be used :
8. के. सी. आई. पंजीकरण का विवरण :  
K. C. I. Registration particulars :
9. (कुत्तिया के संदर्भमें) अब तक कितनी बार ब्याई  
और पिछली बार ब्याने की तिथि :  
Number of whelping so far & date of last  
whelping (in case of bitches) :
10. कुत्ते/कुत्तों को रखने का स्थान :  
Indicate the place where dog (s) is/are kept :
11. क्या आप अपने कुत्ते/कुत्तों को धुमाने ले जाते हैं :  
Do you take Your dog (s) for outing :
12. क्या आपका कुत्ता/कुत्ते प्रशिक्षित हैं/हैं या नहीं :  
Whether your dog (s) is/are trained one or not :
13. नियमित परामर्शी पशु चिकित्सक का नाम और पता  
बताएं. क्या वह अंशकालिक है या पूर्णकालिक अथवा  
शुल्क आधार (रिटेनर बेसिस) पर है। :  
Name & Address of Veterinarian being  
consulted regularly. Whether part time or  
whole time or on retainer basis :
14. पशु चिकित्सालय/औषधालय से दूरी :  
Distance from Veterinary Hospital/Dispensary :
15. औषधियों और टीकों के भंडारण की स्थितियां :  
Storage conditions for drugs & vaccines :
16. क्या पिछले तीन सालों में आपका कोई कुत्ता खोया है ?  
यदि ऐसा है तो विवरण दीजिए :  
Have you lost any dog during last three years?  
If so state particulars :

वर्ष year	खोने का कारण Cause of loss	खोये हुए कुत्तों की संख्या Number of Dogs lost
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17. क्या उनका बीमा करवाया गया था ? यदि ऐसा है तो उसका विवरण दीजिए  
Were they insured? If yes, give particulars

18. क्या आपके पास उपरोक्त विवरण के अतिरिक्त अन्य कुत्ता/कुत्ते हैं यदि हां तो निम्नलिखित जानकारी दीजिए  
Have you any other dog (s) other than described above if yes, please give the following details

(क) क्या उनका बीमा किया गया है अथवा नहीं  
(a) Whether insured or not ?

(ख) यदि उनका बीमा किया गया है तो बीमाकर्ता के विवरण दीजिए  
(b) If insured, please give the particulars of insurer.

(ग) यदि उनका बीमा नहीं करवाया गया तो अब उन्हें बीमा के लिए प्रस्तावित क्यों किया गया  
(c) If not insured, why are they not proposed for insurance now ?

19. क्या किसी बीमा कंपनी ने  
Has any Insurance Company

1. आपके किसी कुत्ते का बीमा करने से इंकार किया है?  
Declined Insurance of any of your dog, or :

2. उनके बीमे का नवीकरण करने से इंकार किया है? या  
Refused to renew their insurance, or :

3. आपकी प्रीमियम राशि बढ़ाई है अथवा नवीकरण के मामले में कोई विशेष शर्त लागू की है ?  
Increased your premium or imposed special conditions on renewal ?

20. क्या आपने किसी योग्य पशु चिकित्सक से स्वास्थ्य प्रमाण पत्र लिया है यदि ऐसा है तो कृपया स्वास्थ्य प्रमाण-पत्र संलग्न करें।  
Have you obtained health certificate from any qualified veterinarian. If yes, please enclose health certificate.

21. क्या आप अतिरिक्त जोखिम को कवर करना चाहते हैं ?  
 यदि ऐसा है तो कृपया जोखिमों का उल्लेख करें। :  
 Do you require any extra perils to be covered  
 If yes, state the perils. :

22. टीकों के विवरण :  
 Vaccination Particulars :

मैं/हम एतद्वारा मेरे/हमारे उपरोक्त वर्णित कुत्ते/कुत्तों का दि ऑरिएण्टल इश्योरेंस कंपनी लिमिटेड के कुत्ता पालिसी के नियमों, शर्तों और अपवर्जनों के तहत बीमा हेतु प्रस्ताव करते हैं। हम ऐसा आश्वासन देते हैं कि उपरोक्त सभी कुत्ते/कुत्तों का सही विवरण दिया गया है और उनका स्वास्थ्य अच्छा है और वे ऊपर दंगिये गए उद्देश्यों के लिए ही प्रयुक्त किए जाते हैं और किए जाएंगे। हम घोषणा करते हैं कि बीमा से संबंधित कोई भी सूचना छिपाई नहीं गई है और इस आशय की सहमति व्यक्त करते हैं कि यह प्रस्ताव मेरे/हमारे और कंपनी के बीच होने वाले संविदा का आधार होगा।

I/We hereby propose to insure the above mentioned dog/s owned by me/us with 'The Oriental Insurance Company Limited', subject to terms, conditions & exclusions of the Company's dog policy. We warrant that the answers to the queries are true and that all the dog/s are correctly described, are sound having good health & free from vic and that they are and shall be used solely for the purposes stated above. We declare that no information material to the insurance has been withheld and agree that this proposal shall be the basis of the contract between me/us and the Company.

स्थान/  
 Place :

तिथि  
 Date :

CERTIFIED CCFY  
 Manager,  
 The Oriental Ins Co Ltd.  
 2000,9-90/KR

प्रस्तावक/मालिक (मालिकों)  
 के हस्ताक्षर  
 Signature of the Proposer/Owner (S)

# DOG INSURANCE POLICY

## SCHEDULE

Agency :

Policy No.

THE COMPANY - THE ORIENTAL INSURANCE COMPANY LIMITED

INSURED : NAME -

ADDRESS -

OCCUPATION -

DATE OF PROPOSAL :

PERIOD OF INSURANCE : From ..... To .....

Name & Tattooing number	Breed	Colour Age distinguishing marks	Height	Registration No. if any	Purpose for which used	No. of whelpings so far, date of last Whelping	Present market value (Rs.)	Sum Insured (Rs.)

TOTAL SUM INSURED Rs.

BASIC PREMIUM Rs.

EXTRA PREMIUM (if any) Rs.

TOTAL PREMIUM Rs.

PLACE WHERE THE DOG IS KEPT :

SPECIAL CONDITIONS/EXCESS IMPOSED :

IN WITNESS WHEREOF SIGNED BY AND ON BEHALF OF THE COMPANY

Place :

Date :

For & on behalf of  
The Oriental Insurance Company Ltd.

N<sup>o</sup> 001028

Authorised Signatory.