

## CLAIM FORM FOR LIVESTOCK LOSS

POLICY NO. : \_\_\_\_\_ AGENT / BROKER : \_\_\_\_\_

### SECTION 1 - PERSONAL DETAILS

- 1.a. Full Name of Insured \_\_\_\_\_
- b. Contact Details: (tel): \_\_\_\_\_ (fax): \_\_\_\_\_  
(mobile): \_\_\_\_\_ (web): \_\_\_\_\_  
(email): \_\_\_\_\_  
(postal): \_\_\_\_\_ (code): \_\_\_\_\_ (town/ city): \_\_\_\_\_
- c. Insured Pin Number : \_\_\_\_\_

### SECTION 2 - POLICY DETAILS

2.1 Period Of Insurance (From): \_\_\_\_\_ (To): \_\_\_\_\_

2.2 Particulars of the animal

ID NUMBER	Color and identity	Age	Sex	Date of purchase and price paid	Sum Insured

2.3 Give details of animal's justification of price.

\_\_\_\_\_

2.4 Give the exact circumstances and cause of loss.

\_\_\_\_\_

2.5 Date, time and place animal was first discovered to be ill or injured.

\_\_\_\_\_

2.6 Date and time veterinary surgeon was first advised. \_\_\_\_\_

2.7 Date and time veterinary surgeon arrived to attend the animal and his diagnosis (enclose report).

\_\_\_\_\_

2.8 Name, address and telephone number of attending and usual veterinary surgeon.

	Attending Veterinary surgeon	Usual Veterinary surgeon
Name:	_____	_____
Tel:	_____	_____
Address:	_____	_____

2.9 For what purpose was the animal being used at the time it was found to be ill or injured, and if the animal was injured how did the injury occur?

\_\_\_\_\_

2.10 Give the date and the time the animal died or was destroyed. \_\_\_\_\_

2.11 In whose care was the animal at the time of the illness or injury? Give name and address.

\_\_\_\_\_

2.12 If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.

[Redacted text area]

2.13 If salvage was obtained from the carcass, please enter the amount and attach receipt.

[Redacted text area]

2.14 Give details of any previous illness or injury involving this animal whilst in your possession.

[Redacted text area]

2.15 Give details of any previous treatment or medication administered to this animal whilst in your possession with the name of attending Veterinarian.

[Redacted text area]

2.16 Apart from the insurance to which this claim report refers to was there any other insurance pertaining to this animal whether in the insured's name or any other name, at the time of the loss? If yes provide details.

[Redacted text area]

2.17 Are you the sole owner of the insured animal? Yes  No   
If no give names(s) and addresses of the other owner(s).

[Redacted text area]

**DECLARATION**

I solemnly and sincerely hereby declare the foregoing particulars to be true, that I have withheld no important information, and that proper treatment and care was given to the animal. I agree that if any of the above answers (or part thereof) is untrue my claim for the compensation shall be forfeited and the said policy shall be null and void.

Name of Insured: [Redacted] Signature: [Redacted]

Date: [Redacted]