

MISCELLANEOUS CLAIM FORM (LIVESTOCK)

PLEASE STATE AS FULLY AND AS ACCURATELY AS POSSIBLE THE INFORMATION ASKED FOR BELOW.
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

NAME OF INSURED.....PHONE NUMBER.....

FARM ADDRESS.....FACSIMILE NUMBER.....

POLICY NUMBER.....

ADDRESS OF PREMISES WHERE LOSS WAS SUSTAINED.....

.....

DATE OF LOSS.....

GIVE FULL DETAILS OF HOW LOSS, DEATH OR INJURY OCCURRED

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IN CASES OF LOSS/THEFT PLEASE GIVE DATE AND TIME LAST SEEN

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WHEN WAS LOSS DISCOVERED AND BY WHOM.....

HAVE POLICE BEEN INFORMED (OR OTHER ENQUIRIES MADE?).....

IF REPORTED TO POLICE STATE:

(a) TO WHICH STATION WAS REPORT MADE:
.....

(b) DATE & TIME OF REPORT.....

(c) NAME & ADDRESS OF PERSON WHO MADE REPORT.....
.....

IN CASE OF ILLNESS, INJURY OR DEATH:

(a) STATE IF A VET ATTENDED THE ANIMAL?.....

(b) CONTACT DETAILS OF VET.....

(c) WAS A VET REPORT PRODUCED.....

(If yes kindly provide the report)

(d) HAS THE CARCASS/ES BEEN DISPOSED.....
(If yes by whom and method of disposal?)

HAVE YOU SUFFERED A SIMILAR LOSS BEFORE.....
(If yes kindly provide details)

IF YOU BELIEVE THE INCIDENT WAS THE FAULT OF ANOTHER PARTY PLEASE STATE WHO, AND WHY?
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IS THERE ANY OTHER INSURANCE IN FORCE ON THE ANIMAL THAT WOULD COVER THIS INCIDENT?
(If yes provide details of insurer)

ARE YOU THE SOLE OWNER OF THE LOST/ INJURED ANIMAL? (If **NO** provide details of other owners or partners)
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DETAILS OF THE ANIMAL/S LOST : **(IF THE ANIMAL WAS PURCHASED, STATE FROM WHOM IT WAS PURCHASED AND PROVIDE ORIGINAL PURCHASE INVOICE)**

Type of Livestock claimed e.g Calf, steer	Name / Identification No	Purpose (Beef or Dairy)	Sex	Age	Value Prior to Loss	Amount Claimed

I/WE **DECLARE THAT THE ABOVE STATEMENTS, FACTS AND DOCUMENTS ARE TRUE AND THAT I/WE HAVE NOT WITHELD FROM THE COMPANY ANY INFORMATION WITHIN MY/OUR KNOWLEDGE CONNECTED WITH THIS LOSS.**

DATE.....SIGNATURE.....