

LIVESTOCK CLAIM FORM

1) INSURED DETAILS

Name of Insured Occupation:

Postal Address Telephone No

Physical Address Cell Phone

2) ANIMAL (S) DETAILS

Tag Number(s)

Breed

State colour and distinctive marks of the dead animal(s)

Sex or species

Market value of animal(s) prior to death
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Sum insured for animal(s)

3) STATE THE DATE

i) When the animal(s) insured was first taken ill
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ii) When the veterinary surgeon first attended to the animal(s)

iii) When the veterinary surgeon last attended to the animal(s)

4) CAUSE OF DEATH

What was the cause of death?

i) If it was an accident, state how and where it occurred

ii) If it was a disease, how do you account for it?

Was the post mortem carried out?

If yes attach the post mortem report.

Had the animal(s) previously suffered from any accident or disease?

If yes

- i) State the nature of accident or disease
- ii) Name of the veterinary surgeon who attended to the animal(s)

Was the animal your property at the time of death? And how long has it been in your possession?

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What measures were taken to mitigate the loss?.....

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How much was raised from the sale of the carcass

What was the purchase price of the animal(s)?

If the accident was due to negligence by the third party

- i) Has the police report been obtained?
- ii) State in full details of the third party

During the course of the insurance period, have you purchased or sold any animal(s)? If yes give details

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NOTE

The attached veterinary surgeon certificate should be completed and returned together with the claim form.

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DATE

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SIGNATURE OF INSURED