



Livestock Claim

This form to be completed and returned

POLICYHOLDER DETAILS

Insured Name _____
 Insured Address _____
 _____ Postcode _____
 Occupation _____
 Policy Number _____
 Are you able to recover VAT for this incident? _____ If Yes, State amount _____ %

CLAIM DETAILS

Details of Animal	Item No. in Policy _____
Name or Number _____	Market value prior to illness £ _____ (N.B. An Auction Mart Valuation should be submitted with this form)
Breed _____	
Sex _____	For what purpose has the animal been used since the insurance was effected? _____
Colour and Distinguishing Marks _____	TB Testing Period _____

ILLNESS

Details of Illness	Name(s) & address(es) of witness(es) to death _____
Date illness commenced _____	_____
Nature and cause of illness _____	_____
Date Veterinary Surgeon first attended _____	_____
Name of Veterinary Surgeon _____ (N.B. A Veterinary Surgeon's Report should be submitted with this form)	_____
Date of death _____ Time _____ am/pm	Where is the animal now? _____
Cause of death _____	_____
In whose charge was the animal when taken ill? _____	_____
When was the animal last at work? _____	_____
In whose charge has the animal been since commencement of incapacity? _____	_____

ACCIDENT

Date of Accident _____ Time _____ am/pm	Person in charge of animal at time _____
Where did the accident occur? _____	Address _____
How did the accident occur? _____	Was it the fault of any person other than your driver, employee or hirer? _____
Name & address of witnesses to accident _____ _____	Address _____ Occupation _____
Details of claim _____	Is any other insurance in force on the animal _____
Date of Purchase _____	If so, state particulars _____
Purchase Price £ _____	_____
Value of salvage or carcass £ _____	_____
N.B. Please supply receipt.	_____
Amount of claim £ _____	_____

ANY ADDITIONAL INFORMATION

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We understand that you may seek information from other insurers to check the answers I/We have provided, and I/We authorise the giving of such information for such purposes.
I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We understand that the insurer does not admit any liability by the issue of this form.

Signature _____ Date _____