



Livestock Loss Claim Form

IMPORTANT NOTICE |

- a** Please read full prior to answering questions, all of which must be answered in full. Kindly obtain without expense to underwriters, all necessary reports to support this claim, and, if the animal has died, or been destroyed, a post-mortem and autopsy report.

POLICY DETAILS OF CROP INSURANCE |

- 1** Name Of Insured |
- 2** Policy No. |
- 3** Period of insurance |
- 4** Particulars Of The Animals |

Color and Identity Markings	Date Of Birth	Sex	Date of purchase and price paid	Sum Insured

- 5** Give details of animal's justification of price |
- 6** Give the exact circumstances and cause of loss |
- 7** Date, time and place animal was first discovered to be ill or injured |
- 8** Date and time veterinary surgeon was first advised |
- 9** Date and time veterinary surgeon arrived to attend the animal and his diagnosis (enclose report) |
- 10** Name, address and telephone number of attending veterinary surgeon |
- 11** Name, address and telephone number of usual veterinary surgeon |
- 12** For what purpose was the animal being used at the time it was first found to be ill or injured, and if the animal was injured how did the injury occur? |

- 13** Give the date and the time the animal died or was destroyed |
 - 14** In whose care was the animal at the time of the illness or injury? Give name and address |
 - 15** If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.
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 - 16** If salvage was obtained from the carcass, please enter the amount and attach receipt |
 - 17** Give details of any previous illness or injury involving this animal whilst in your possession |
 - 18** Give details of any previous treatment or medication administered to this animal whilst in your possession with the name of attending Veterinarian |
 - 19** 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 |
 - 20** Are you the sole owner of the insured animal? |
 - 21** If no give names(s) and addresses of the other owner(s) |
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DECLARATION |

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the parent contract document.

NAME OF AUTHORIZED PERSON NOTIFYING CLAIM TO POLICY	SIGNATURE	DATE

(The issue of this form does not imply an admission of liability)