

IMPORTANT INFORMATION

An Independent Valuation is required either from the vet on their headed paper or a livestock auctioneer



LIVESTOCK CLAIM FORM

Please return completed Claim Form to:

Reference number

/ /

Date

/ /

With reference to your advice of a claim, the claim should be supported by the completion of the Veterinary Surgeon's Report (to be provided at your own expense).

INSURED

Name of Insured

Policy number

Address

Postcode Tel. No.

Business Address

Postcode Tel. No.

DETAILS OF ANIMALS

Name or number

Breed

Sex

Age

Colour and distinguishing marks

Item no. in Policy (if animal is specified on policy schedule)

Market value prior to illness or injury

For what purpose has the animal been used since the insurance was effected?

By whom?

DETAILS OF ILLNESS

Date illness commenced
/ /

Nature and cause of illness

Date veterinary surgeon first attended
/ /

Date of death
/ / time am/pm

Name of veterinary surgeon

In whose charge was the animal when taken ill?

Cause of death

Occupation

Address

Name and addresses of witnesses to accident

Where is the animal now lying?

When was the animal last at work?

In whose charge has the animal been since commencement of incapacity?

Address

ADDITIONAL INFORMATION REQUIRED IN THE EVENT OF ACCIDENTAL DEATH

Date of accident
/ / time am/pm

Where did the accident occur?

How did accident occur?

Name and addresses of witnesses to death

If loss was in transit, was vehicle or trailer operated by a Haulage Contractor or Livestock Haulier?

Person in charge of animal at time

Address

VETERINARY SURGEON'S REPORT

I certify that I have attended the animal below:

DESCRIPTION OF ANIMAL (and also mare if claim is for loss of foal)

Name	Breed
Colour and distinguishing marks	Sex
Age (rising)	Weight

DETAILS OF ILLNESS OR INJURY

Date of first attendance / /	Date of last attendance / /
Nature and cause of illness or injury	
Date of death / /	Place of death / /
Cause of death	
If post mortem examination has been made, please give results	
Under whose veterinary treatment has the animal been since the accident or the commencement of the illness?	
Has there been the exercise of proper care and treatment both before and after the illness or accident?	
Has the injury or ailment been accelerated or brought about on the part of the owner or his employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	
By neglect?	By overwork?
State as far as can be ascertained the kind of work the animal has had to do	
What was the market value of the animal immediately before the accident or illness? £	

DECLARATION

I hereby certify that the above particulars are, to the best of my knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me.

	Date / /
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Was it the fault of any person other than the driver, employee or hirer? Yes No

If 'Yes', name of other person

Address

Occupation

VALUE ADDED TAX

Important – Please answer the following

Are you registered for VAT?

Yes No

If 'Yes', indicate Tax rating

Positive rated Partially exempt Wholly exempt Zero rated

Registration number

In respect of this claim will you be able to recover VAT on the cost of repair or replacement?

Yes No

(If the answer is 'Yes', the amount to be claimed should be net of recoverable VAT)

DETAILS OF CLAIM

Date of purchase

Purchase Price
£

Amount of claim (i.e. market value less salvage value)
£

Value of salvage or carcass
£

Total value of all livestock prior to this loss

Is any other insurance in force on the animal?

Yes No

If 'Yes', state particulars

DECLARATION

I/We hereby certify that the above particulars are, to the best of my/our knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me/us.

Signature

Date
/ /