



Livestock Claim Form

10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester, GL2 4NZ

1. You the Policyholder

Please Use Block Capitals

Name of Insured

Policy No

Address

Postcode

VAT Registered?

Y / N

Business/Occupation

Contact Tel No

Have you suffered similar loss/damage in last 5 years?

2. Description of the Animal

Name/Identification No	Breed	Sex	Age	Value Prior to Loss

3. Veterinary Details

When was the animal first seen to be ill/infertile?

When was the vet notified?

When was the animal first seen by a vet?

Give dates of attendance

Full details of attending vet

Name

Address

Town

County

Postcode

Telephone No

4. Circumstances of the Loss

Place of death

Date / /

Time

Circumstances of Death/Theft inc police ref

If Straying please detail fencing in place at location of escape and how breached

If transit please advise numbers of animals in transit:

5. Details of the Animal

For what purpose was the animal kept?

When was the animal last engaged in this purpose?

Did you purchase or breed the animal?

If purchased state from whom (Please attach original purchase receipt)

Date of purchase / /

Price paid £

If the animal is insured elsewhere please advise name and address of insurance company

6. Amount of Claim

Amount of claim £

If salvage payment received state amount £

I/We declare that to the best of my/our knowledge and belief the details given are true and that proper care and treatment was afforded to the animal. I/We understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the policy shall be forfeited and criminal proceedings may ensue. I/We understand that you may seek information from other Insurers to check the answers I/We have provided. **Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.**

Date / /

Insured's Signature



Livestock Claim
Veterinary Certificate

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<u>Please Use Block Capitals</u>	Policy No
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I confirm that the animal detailed the property of
Of
Died on / / and I attended the animal from the / / to the / /

Description of the Animal
To be completed by the Veterinary Surgeon

Name/Identification No	Breed	Sex	Age	Value Prior to Loss

Details of the Death

Cause of death

If by disease how contracted?

If by accident detail the circumstances

Detail the injuries sustained

Did you perform a post mortem? If yes please detail in your report

Was the animal operated on recently? **Date of operation** / /

What was the nature of the operation?

Did you examine the animal for insurance purposes?

Do you identify the animal?

Was the animal correctly cared for and attended to?

Report

I declare that to the best of my knowledge and belief the details of the animals death are true and that proper care and treatment was afforded to the animal.

Date / /

Name

Address

Signature

Qualifications