



LIVESTOCK INSURANCE CLAIM FORM

1. INSURANCE DETAILS.

Name of insured

Policy Number:.....

Postal Address.....

Physical Address.....

Name of Farm manager.....Telephone No:

2. ANIMAL(S) DETAILS

Tag/Brand Number(s).....

Breed.....

Colour markings of the dead animal(s).....

Sex or species

Total Sum insured for animal(s).....

3. STATE THE DATE

When the animal(s) insured was first taken ill/had accident

When the veterinary officer first attended the animal(s)

When the veterinary officer 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?
.....
.....

iii) Was a post mortem carried out?
.....



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.....
.....

iv) If yes, attach the post mortem report:

.....
.....
.....

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

Yes.....

No

If yes,

i) State nature of accident or disease

.....
.....

ii) Name of the veterinary officer who attended to the animal(s)

.....

What measures did you take to mitigate the loss?

.....

How much was raised from the sale of the carcass (attach sale agreement)

.....

NOTE

The attached veterinary certificate of loss should be completed, signed and stamped by the veterinary officer who conducted the post mortem and should be returned together with the claim form. If accidental death was due to theft please attach the police abstract.

SIGNATURE **DATE:**