



Agro Consortium **LIVESTOCK CLAIM FORM**

**IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK FORM TO THE ASSURED OR THE ASSISTANCE OF ANY ADJUSTERS OR ANY AGENT OF THE INSURER IN THE MAKING OF THIS PROOF IS NOT A WAIVER OF ANY RIGHTS OF THE SAID INSURER OR ANY OF THE CONDITIONS OF THIS POLICY**

Personal Information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance.

You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims.

Please contact us if you wish to obtain a copy of our privacy policy or should you wish to update or access the information we hold about you.

**IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS, ATTACH A SEPARATE SHEET.**

Assured's Name: \_\_\_\_\_

Assured's Address: \_\_\_\_\_ TEL No: \_\_\_\_\_

Policy No: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_

1. Name of Animal: Age & Sex:

Breed: Colour:

Markings: Use:

Registry Assoc: Registration No:

2. Date of Acquisition: Purchase price:

3. a) Give the exact circumstances and cause of loss: \_\_\_\_\_

b) If destroyed, on whose recommendation? \_\_\_\_\_

4. a) When was the animal first discovered to be sick or injured?

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

b) When were the underwriters notified of the sickness or injury?

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

5. What treatment was given to the animal before arrival of the veterinarian & by whom?

6. a) When was the veterinarian notified? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

b) When was he first in attendance? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

c) Veterinarian's name and address : \_\_\_\_\_

Phone Number: \_\_\_\_\_



Agro Consortium **LIVESTOCK CLAIM FORM**

d) What subsequent visits were made? \_\_\_\_\_

e) When did the animal die ( if destroyed, so state) ? \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

7. a) Was this animal, while owned by you ever sick or injured before? YES NO

If yes, give details, with the name of the attending veterinarian: \_\_\_\_\_

\_\_\_\_\_

b) Had this animal undergone any surgical operation during the term of this policy

YES \_\_\_\_\_ NO: \_\_\_\_\_

If yes, give details of the attending veterinarian:

8. Have any other animals in your ownership died in the past 12 months?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes pleas provide details and specify whether insured or not:

\_\_\_\_\_

9. A) Are you the sole owner of the insured animal?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If no, give name(s) and address(es) of the owner(s) below.( note that every owner with an interest in the animal, and the insured under the policy to which this claim report form relates, must complete the syndicate/partnership form of release which is at the end of this form)

b) is there now, or has there ever been any mortgage, lien, bill of sale or any other encumbrance on the said animal while owned by you?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

10. Apart from the insurance to which this claim report refers, was there any other insurance pertaining to this animal, whether in the assured's name or any other name at the time of loss?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please provide full details

Other insurance(s) : \_\_\_\_\_

Insurer(s) : \_\_\_\_\_

Policy no: \_\_\_\_\_ Does this other insurance cover you for this loss? YES: \_\_\_\_\_ NO: \_\_\_\_\_



Agro Consortium **LIVESTOCK CLAIM FORM**

**VETERINARIAN'S REPORT**

**THIS IS AN IMPORTANT DOCUMENT. PLEASE ANSWER EACH QUESTION CAREFULLY. IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS PLEASE ATTACH A SEPARATE SHEET**

Attending: \_\_\_\_\_ Consulting: \_\_\_\_\_

If a referral, by whom: \_\_\_\_\_

1. Owner's Name: \_\_\_\_\_

2. Animal referred to in this statement:

Name of Animal: Age & sex:

Breed: Brands:

Sire Dam:

Colour: Markings:

3. Does your practice normally attend to this animal? YES: \_\_\_\_\_ NO: \_\_\_\_\_

4. When did you first attend to this animal in connection with the present illness/injury?

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ am/pm

5. Location of the animal at the time of the injury or onset of illness: \_\_\_\_\_

6. What was your diagnosis of the sickness or injury? \_\_\_\_\_

7. State the probable cause of the sickness or how the accident occurred? \_\_\_\_\_

8. Under whose veterinary treatment has the animal been since the condition was diagnosed?

9. Describe the treatment given and the recommendations made \_\_\_\_\_

10. When did the sickness/injury first show signs? \_\_\_\_\_

11. a) in your opinion has the illness or injury been accelerated or caused by lack of care, neglect, overwork or improper housing on the part of the owner, his servants or by any other party?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) If yes give details \_\_\_\_\_



Agro Consortium **LIVESTOCK CLAIM FORM**

12. a) In your opinion has the animal received proper care and treatment on a timely basis before and after the sickness/ injury?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) If no, give details \_\_\_\_\_

\_\_\_\_\_

13. For what purpose has the animal been used? \_\_\_\_\_

\_\_\_\_\_

14. a) Did the sickness/injury appear to be an entirely new one and not a recurrence of an old one?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) If no, give details:

\_\_\_\_\_

15. a) Had the animal undergone any surgical procedures or received any medical treatment which is relevant to the sickness/injury?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) If yes, give details.

\_\_\_\_\_

16. What was the date and time of death?

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

17. What was the actual cause of death?

18. a) in your opinion, was the sickness or injury referred to above the sole cause of death?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

b) if no, give details:

19.a) was the animal destroyed? YES: \_\_\_\_\_ NO: \_\_\_\_\_

20 Prognosis (if the animal is still alive)

\_\_\_\_\_

21. Remarks/comments:

I, \_\_\_\_\_, the undersigned, a graduate veterinarian \_\_\_\_\_ (degree), do hereby declare 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Agro Consortium **LIVESTOCK CLAIM FORM**

**POST MORTEM/AUTOPSY REPORT**

**(TO BE COMPLETED ONLY IN THE EVENT OF DEATH OF THE ANIMAL)**

Owner: \_\_\_\_\_ Animal: \_\_\_\_\_

Date and time of post mortem: \_\_\_\_\_ Hour: \_\_\_\_\_am/pm

Performed by: \_\_\_\_\_

Findings, including cause of death: \_\_\_\_\_

Additional remarks:

I, \_\_\_\_\_, the undersigned, a graduate veterinarian  
\_\_\_\_\_ (degree), do hereby declare 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Agro Consortium **LIVESTOCK CLAIM FORM**

**POST MORTEM/AUTOPSY IDENTIFICATION FORM**

**(THIS FORM MUST ACCOMPANY THE POST MORTEM/AUTOPSY REPORT)**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SIRE; \_\_\_\_\_ BREED: \_\_\_\_\_

DAM: \_\_\_\_\_ COLOUR: \_\_\_\_\_

SEX: \_\_\_\_\_

OWNER'S NAME AND ADDRESS:

MARKINGS:

COMMENTS:

ATTENDING VETERINARIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_