



NFU Mutual

INSURANCE | PENSIONS | INVESTMENTS

GENERAL LIVESTOCK CLAIM FORM

The issue of the form does not mean that we admit the validity of the claim.

Reference:

POLICYHOLDER

Name:

Policy Number:

Address:
(In full)

Tel Number:

Home

Business

Occupation:

Date premium paid: DD / MM / YY

DESCRIPTION OF ANIMAL

Name or number:

Sex

Breed, colour and distinguishing marks

Height and Age

Sum Insured

£

£

£

Is the animal claimed for the same one for which the above policy was issued?

TO BE ANSWERED IF DEATH/LOSS OF USE CAUSED BY ACCIDENT

Place where the accident occurred:

Date and time of accident: DD / MM / YY HH : MM ^{AM} ^{PM}

How did the accident happen?

If you hold any person responsible for the accident please give their name, address and occupation:

TO BE ANSWERED IF DEATH/LOSS OF USE CAUSED BY ILLNESS

Date animal taken ill: DD / MM / YY

State nature of ailment and cause:

Place where death occurred:

Date and time of death: DD / MM / YY HH : MM ^{AM} ^{PM}

Cause of death:

In whose charge was the animal when taken ill? Give name, address and occupation:

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

GENERAL INFORMATION

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

When was the animal last at work?

Has the animal ever been insured? If so, when and with whom?

Has the animal ever been vaccinated? If so, when and against what?

Name and address of attending veterinary surgeon and when his attendance first commenced in this case:

Have you had any other losses during the last two years?

Names and addresses of all witnesses to the injury/illness/death:

State where the animal is now lying and in whose charge:

When did you purchase it?

Yes No

Was there or has there been any other insurance in force on the animal during the currency of the NFU Mutual policy?

If so, state the amount and full particulars, and where effected:

What price did you pay for the animal?

£

Value of salvage or carcass

£

Amount of claim

£

Note: Death claims must be supported by the accompanying veterinary report form completed after post-mortem examination and sight of the purchase receipt may well assist in substantiating the sum insured.

Loss of Use claims must be supported by a veterinary report form.

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this claim form, which I/we have read over and checked, is true and complete.

I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including the police.

Signature: _____

Date: _____