



## BLOODSTOCK CLAIM FORM

### INSTRUCTIONS

Please read fully prior to answering questions, all of which must be answered in full. Kindly obtain, without expense to Underwriters, all necessary reports to support this claim, and, if the animal has died, or been destroyed, a port mortem and autopsy report.

1 Name and Address of Insured:

2 Certificate Number or Policy Number:

Period of Insurance:

3 Particulars of Animal:

Name	Age/ Sex	Breed	Colour & Identity Markings	Date of Purchase	Sum Insured

4 If animal home bred, state price of stud fee.

5 Give details of animal's racing, show, or breeding record, or other justification of value.

6 Date, time and place animal first ill or injured.

7 Date and time veterinary surgeon first advised.

8 Date and time veterinary surgeon arrived to attend the animal and his diagnosis (enclose report)

9 (I) Name, address and telephone number of attending veterinary surgeon.

(II) Name, address and telephone number of usual veterinary surgeon.

10 For what purpose was the animal being used at the time it was first found to be ill or injured, and if the animal was injured how did the injury occur?

11 Give the date and time that the animal died or was destroyed.

12 In whose charge was the animal at the time of the illness or injury? Give name and address.

13 If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.

14 If salvage was obtained from the carcass, please enter amount and attach receipt.

15 Give details of any previous illness or injury involving this animal whilst in your possession.

16 Give details of any previous treatment or medication administered to this animal whilst in your possession.

17 Have you received livestock insurance claim payments before? If so give details.

Company	Date	Amount	Animal Identification	Cause of Loss

18 Was the animal now the subject of this claim, insured elsewhere?

19 Has any other person or company any financial interest in this animal? If so, please give their names and address and state their interest.

I hereby warrant the truth of the above answers and I understand that this issue of this claim form is in no way an admission of liability.

\_\_\_\_\_  
**Signature of Insured**

\_\_\_\_\_  
**Date**