

# Livestock Claim Form



This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

## Insurance Broker Details

Name & Address

Postcode

Tel no.

Contact name

Email

## Policyholder Details

Policy No.

Policyholder Name

Date of Birth

Occupation(s)

Address

Postcode

Tel no.

Mobile

## Animal Details

Item No. on the policy schedule

Type of animal

Breed

Weight in Kilos

Identity Mark/Tag

Age

Sex

Home bred/purchased?

Market Value (£)

Principle use since bred/purchased

Purchase Price (£)

Date of Purchase (if applicable)

If the claim is for death, please provide purchase, pedigree, & registration documents, together with a professional valuation for the animal(s) (please note this documentation is to be supplied at the clients own expense).

## Livestock - NB

'Premises' are defined as **any** location within the Territorial Limits, owned, used or occupied by the Insured for the purpose of the business.

# Livestock Claim Form



Description	No. of animals intended to be insured on the Premises under the Livestock section of this policy	Approx. Market value of the animals on the date of loss
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Beef Cattle

Dairy Cattle

Sheep

Pigs

Other

## Loss Details

Date animal(s) first became ill or accident occurred	Date	Time
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Date animal(s) was first attended by the Veterinary Surgeon	Date	Time
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Date the slaughter or death occurred	Date	Time
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Please give full details as to the cause of death

If accidental, please state how it occurred and where

If you carried out a post mortem of the animal, please give results

State location of the animal at the time of death if different to the policyholder's address

If death/ accident occurred whilst loading/unloading/ in transit, please confirm the purpose of the journey/ intended journey

If death occurred on Third Party property please provide contact details of the Third Party/Land owner  
If death/ accident occurred whilst loading/unloading/in transit, please confirm the purpose of the journey/ intended journey

Name and address of the Veterinary Surgeon

Name and address of the person in charge of the animal at the time of death

Please state the amount obtained for the salvage of the carcass  
Please support this statement with a copy of the Salvage Receipt

Were any veterinary and or disposal fees incurred	Yes	No
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If 'Yes' please attach copy invoices (NOTE: Veterinary Fees incurred must be in an attempt to save the animals life)

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## Value Added Tax (Legal/Professional Representation)

Are you VAT registered?	Yes	No
Can you recover 100% VAT for this claim?	Yes	No
If not, what percentage can you recover?		%

### Please read these notes carefully and complete the questions as appropriate

- It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

## DECLARATION

**I/We** understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing.**

Signed

Date

If you are not the insured person, please state your relationship to them

**Veterinary Surgeons Certificate** - to be supplied by the Insured at their own expense in support of this claim

I hereby certify that I, the undersigned attended the animal described below, and confirm that it is the property of:

Policyholder's Name

Address

**Animal Details**

Name	Type of animal	Type of animal
Breed		Identity Mark/Tag
Sex		Age
Market Value		Weight in Kilos

**Loss Details**

Date of first attendance of animal	Date	Time
Date of last attended	Date	Time
Date the slaughter or death occurred	Date	Time

Please give full details as to the cause of death

If you have carried out a post mortem of the animal please give the results

**Please support with a copy of the Post Mortem report where applicable**

What was the general condition of the animal

If illness, when in your opinion did the condition first manifest itself

Has the animal ever suffered from a condition of a similar nature before? If so, please give details

If an accident, when and where did this occur

In your opinion is the injury/illness consistent with the incident reported to you by the policyholder? Yes No

**Complete if the animal has been euthanised and STAMP / SIGN to verify that this section has been completed by YOU**

Please confirm euthanasia was on immediate humane grounds Yes No

If 'No' please give more details

**Declaration by the Veterinary attending**

I hereby certify that 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.

Veterinary's Signature Print name Address of Surgery

Date Tel. No. Email Address