



Livestock
Claim Form

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

Insurance Broker Details			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

Policy No. Policyholder's Name

Date of Birth Occupation(s)

Address

Postcode Tel. No. Mobile

Are you VAT registered? Yes No

Can you recover VAT for this claim? Yes No

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.

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
Beef cattle		
Dairy cattle		
Sheep		
Pigs		
Other		
Loss Details		
Date animal(s) first became ill or accident occurred	Date dd/mm/yyyy	Time am/pm
Date animal(s) was first attended by the Veterinary Surgeon	Date dd/mm/yyyy	Time am/pm
Date the slaughter or death occurred	Date dd/mm/yyyy	Time am/pm
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
If 'Yes' please attach copy invoices (NOTE: Veterinary Fees incurred must be in an attempt to save the animals life)		

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, BIBU (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	dd/mm/yyyy	Time am/pm
Date last attended	Date	dd/mm/yyyy	Time am/pm
Date the slaughter or death occurred	Date	dd/mm/yyyy	Time am/pm
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	



Important notice regarding claims payments

If your claim is successful you will receive a payment by BACS transfer. Please complete the below to speed up the payment process.

You may wish to submit this page separately to your Insurance Broker. If so, please ensure you provide your policy number and/ or claim reference number. Thank you.

Name of Bank	
Branch	
Sort Code	
Account Number	
Account Name	
Payment Reference	

If the account details provided above are for someone other than the named policyholder, please provide a comment in the box below, and authorisation:

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By providing your details below, you confirm that all parties of the insured entity agree that payment may be released to this account rather than to the account of the policyholder:

Policyholder Name	
Policyholder Signature	
Date	

Once the appropriate claim payment/s have been processed and the above details are no longer required, they will be removed from the claim file and destroyed in accordance with our data retention policy.

BIB, 2nd Floor, Pioneer House, Pioneer Court, Morton Palms, Darlington, DL1 4WD.
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