



Report Fatal Injury to Livestock Claim

This form to be completed and returned immediately to your Broker with a Veterinary Surgeon's Report

POLICYHOLDERS DETAILS

Insured Name _____
Insured Address _____

Postcode _____
Occupation _____
Policy Number _____
Are you able to recover VAT for this claim? _____ If Yes, state amount: _____ %

ACCIDENT DETAILS

Date of accident _____ Time of accident _____ am/pm
Place _____
Were animals in transit? Yes No
If 'YES' please give details _____

Value of livestock at the time of loss _____
(Please provide a valuation from an Auction Mart to support amount Claimed)
Please give general description of the accident _____

Please state particulars of animals killed or injured _____

NB Please enclose salvage details where appropriate
In your opinion who was responsible for the accident _____

The above particulars are true to the best of my belief in every respect
Signature of Insured _____ Date _____