



redefining / standards

Policy Holder

Surname	<input type="text"/>		
First Names	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Tel No	<input type="text"/>	Are you registered under the VAT regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Policy Details

Policy Number

Date of Occurrence

Please state the following dates

When the animal was injured/first taken ill	<input type="text"/>	When the animal was seen by the veterinary surgeon	<input type="text"/>
When notice was sent to veterinary surgeon	<input type="text"/>	When animal died (if applicable)	<input type="text"/>

Location of Occurrence

What was the location of the animal when it was injured or you were first aware of the illness for which a claim is being made.

Address	<input type="text"/>	Town	<input type="text"/>
County	<input type="text"/>	Country	<input type="text"/>
		Postcode	<input type="text"/>

If the animal was straying at the time of the accident/disease please state address from which it escaped

About the accident/illness

Please state the cause of the accident/illness

If the illness was caused by disease how do you account for it?

Did the animal die? Or was it slaughtered?

Were you in charge of the animal at the time of the accident or discovery of the illness? Yes No

About the accident/illness

(Continued)

If No, please give the name and address of the person in charge

Was the animal attended by a Veterinary Surgeon as a result of the accident/illness for which this claim is made?

Yes No

If Yes please state name and address

Do you consider any person to blame for the accident/illness to your animal?

Yes No

If Yes please give their name(s) and address(es) together with your reasons

Has the incident been reported to the police?

Yes No

If Yes please state name and address of the police station along with the reporting officers name

About the animal for which you are making this claim

Did you own the animal at the time of the accident/illness?

Yes No

If No please state owners name and address

Name & Number in Schedule of policy	Colour	Marks	Sex	Breed	Age	Height	Market Value Immediately before this occurrence
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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How long has the animal been in your possession?

What did you pay for the animal when purchased?

For what purposes has the animal been used?

For what purposes was the animal being used when last at work?

How much was obtained for the Skin, Carcass etc? (if applicable)?

Has the animal at any time previously been ill or met with an accident?

Yes No

If Yes please give full details

Is the animal for which this claim is made the same one for which the Policy was issued?

Yes No

Please give the date on which the full premium was paid

Please state name and address of the person to whom you paid the full premium

Previous losses/other insurances

Have you lost any other animals during the year's insurance?

Yes No

If **Yes**, please give brief details including numbers and by what disease or accident

Is the animal or any of your stock insured with another Company?

Yes No

If **Yes**, please insert insurers name, address, policy number and the number of each class of stock

Present Animal Stock – omitting the one for which this claim is made

Please state below the number and value of animals now on your premises

Type	Number	Maximum Value any one animal	Total Value
Bulls			
Dairy cows and helpers in milk, or in calf			
Other cattle from 1 to 2 years old			
Cattle from 6 to 12 months old			
Calves under 6 months old			
Rams			
Sheeps and lambs			
Pigs			
Horses			
Working Dogs			
Total £			

DECLARATION

If you make a claim which is any way fraudulent, unfounded or exaggerated, or make a false declaration, all benefit under this policy will be forfeited.

I/We declare that all answers are true and complete. I/We hereby claim for the loss or damage as set out above.

I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Signature

Date

AXA Insurance

AXA Insurance is the trading name of both:

AXA Insurance UK plc. Registered Office: 5 Old Broad Street, London EC2N 1AD. Registration England No. 78950
AXA General Insurance Ltd. Registered Office: 5 Old Broad Street, London EC2N 1AD. Registration England No. 141885

Members of the AXA Group of Companies

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AXA Insurance UK plc is authorised and regulated by the Financial Services Authority