



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 _____