

Livestock Claim



Livestock Claim Form

INSURED

Insured	<input type="text"/>	Policy No.	<input type="text"/>
Address	<input type="text"/>	Home Tel. No.	<input type="text"/>
		Work Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>
Occupation	<input type="text"/>	Email	<input type="text"/>

VAT Registered: Yes No Partial

CLAIMANT - (IF DIFFERENT FROM INSURED)

Claimant Name	<input type="text"/>	Home Tel. No.	<input type="text"/>
Address	<input type="text"/>	Work Tel. No.	<input type="text"/>

THE ANIMAL(S)

Animal(s) Name	Tag No.	Breed	Colour	Age	Distinguishing Features (if any)

THE OCCURRENCE

Date of Loss

Time of Loss

Place of Loss

If accident, how did it occur?

If sickness, when was this first noticed?

Name of attending vet

Vet Practice Address

Date vet first attended

Date vet last attended

What is vets diagnosis?

If animal was slaughtered, Date of slaughter

What money was received for carcass (Please enclose receipts)

If animal found dead, to whom has carcass been disposed?

If animal died in transit was vehicle owned by you?

Yes

No

If 'No' please advise name and address of vehicle owners/carriers

If death in transit was due to a road accident please advise name and address of third party

If animal killed whilst straying please advise name and address of either:

(a) Person on whose land the animal died

OR

(b) Owner/Driver of third party vehicle

Have you had any similar incidents before?

Yes

No

If 'Yes' please describe

VETERINARY CERTIFICATE (to be completed at the insured's expense)

I / We

Of

Veterinary Practice

Address

Work Tel. No.

Mobile Tel. No.

Email

Confirm that I / We attended on the animal detailed and that my findings are noted below.

Animal Name

Tag No.

Breed

Date I / We were first consulted

Initial Diagnosis

Treatment Given (Including Drugs)

If animal alive what is the future prognosis?

If animal dead, was this due to slaughter?

Yes No

If 'Yes', was slaughter carried out for:

(a) Economic Reasons

Yes No

(b) Humanitarian Reasons

Yes No

If claim is for infertility, please confirm:

(a) Number of times animal has been tried

(b) Whether animal is in its first service season

Yes No

(c) If relevant, has a semen test been performed?

Yes No

If 'Yes', please confirm results re:

Motobility

Volume

**Signature/Stamp of
Veterinary Practice**

Date

PAYMENT OF CLAIM

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

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Sort Code

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Bank Account Name

If you would however prefer to receive a cheque please tick here

AMOUNT CLAIMED

Animal Name/Tag No.	Value of Animal(s)	Salvage	Nett Amount Claimed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

DECLARATION

I/WE DECLARE THAT THE PARTICULARS ON THIS FORM ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED.

Signature of insured

Date

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