

QUADRANT INSURANCE GROUP CLAIMS FORM

INSTRUCTIONS

Please read fully prior to answering questions, all of which must be answered in full.

Kindly obtain, without expense to Underwriters, all necessary veterinary reports to support this claim, and, if the animal has died, or been destroyed, a post mortem and autopsy report.

1. Name and Address of Insured

2. Certificate Number or Policy Number:

3. Period of Insurance:

Particulars of Animal:

Name	Age Sex	Breed	Colour and Identity Markings	Date of Purchase Price Paid	<u>Sum Insured</u>

4. If animal home bred, state price of stud fee

5. Give details of animal's justification of value

6. Date, time and place animal first ill or injured

7. Date and time veterinary surgeon first advised

8. Date and time veterinary surgeon arrived to attend the animal and his diagnosis (enclose report)

9.
 - i. Name, address and telephone number of attending veterinary surgeon

 - ii. Name, address and telephone number of usual veterinary surgeon

10. For what purpose was the animal being used at the time it was first found to be ill or injured, and if the animal was injured how did the injury occur?

11. Give the date and time the animal died or was destroyed

12. In whose charge was the animal at the time of the illness or injury? Give name and address

13. If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person

14. If salvage was obtained from the carcass, please enter amount and attach receipt

15. Give details of any previous illness or injury involving this animal whilst in your possession

16. Give details of any previous treatment or medication administered to this animal whilst in your possession

17. Have you received livestock insurance claim payments before? If so give details

Company	Date	Amount	Animal identification	Cause of Loss

18. Was the animal, now the subject of this claim, insured elsewhere

19. Give the date when the premium was paid
20. Has any other person or company any financial interest in this animal? If so, please give their name and address and state their interest

Declaration

I hereby declare the fore going particulars to be true, that I have withheld no important information, and that proper treatment and care was given the animal. I agree that if any of the above answers (or part thereof) are untrue my claim for compensation shall be forfeited and the Contract of insurance shall be null and void.

Signature of Insured: _____

Date:

The issue of this form does not imply an admission of liability.

Declaration

I declare that to the best of my knowledge and belief all of the above statements made by me are true. I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance, and claims handling, which may necessitate providing such information to third parties.

Signed: _____

Print Name: _____

Date: _____