

# Livestock Claim Form

Allianz Insurance plc | Commercial



Address Stamp of Issuing Office

Please complete and return this form to:

## Policy Holder

Surname

First Names

Address

Postcode

Tel No

Are you registered under the VAT regulations? Yes  No

## Policy Details

Policy Number

## Date of Occurrence

Please state the following dates

When the animal was injured/first taken ill

When the animal was seen by the veterinary surgeon

When notice was sent to veterinary surgeon

When animal died (if applicable)

## 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

Town

County

Country

Postcode

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
-------------------------------------	--------	-------	-----	-------	-----	--------	---

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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 heifers 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 £ <input type="text"/>

## Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

### **VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS**

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information **is true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

### **FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.**

I declare that the statements on this form are true and accurate to the best of my knowledge and belief. I agree that if necessary the schedule of this Policy shall be revised in accordance with the information given.

Signature of Policyholder

Date

To avoid any possible delay please ensure all relevant sections have been fully completed.