



Livestock claim form

Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming (receipts, invoices, proofs or certificates)
- signing and dating page 3 of this form

Insurance fraud is a crime - please ensure all information is correct

1. Policyholder(s) details

Policy number	<input type="text"/>	Claim number (If known)	<input type="text"/>
Full name	(Mr, Mrs, Miss, Ms)		
Postal address			Date of birth / /
Telephone numbers	Home	Business	Mobile
Email	Home	Business	
Occupation	Employer		

2. Details of claim

Date of accident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of accident	<input type="text"/> am/pm
Location of accident	<input type="text"/>		
How did the accident occur?	<input type="text"/>		

Names and addresses of any witnesses to the accident

Name	Address

Person in charge of the animal at the time of the accident

Name	Address

Was it the fault of any person other than your driver, employee or hirer? YES NO
 If Yes, Please state details below

Name	Address	Occupation

Please state full details of what happened:

3. Details of animal

Name or number	<input type="text"/>	Item number in Policy	<input type="text"/>		
Breed	<input type="text"/>	Sex	<input type="text"/>	Age	<input type="text"/>
Colour and distinguishing marks	<input type="text"/>				
Market Value prior to accident/illness	<input type="text"/> \$				
For what purpose has the animal been used since the insurance was effected?	<input type="text"/>				
By whom?	<input type="text"/>				

4. Details of illness

Date illness commenced	<input type="text"/> / <input type="text"/> / <input type="text"/>	When was the animal last at work?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nature and cause of illness	<input type="text"/>		
Date veterinary surgeon first attended	<input type="text"/> / <input type="text"/> / <input type="text"/>	Name of veterinary surgeon	<input type="text"/>

In whose charge was the animal when taken ill?

Name	Address	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

In whose charge has the animal been since taken ill?

Name	Address	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of death	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/> am/pm
Cause of death	<input type="text"/>		

Names and addresses of witnesses to death

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Where is the animal now lying?

5. Details of claim amount

Date of purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>	Purchase Price	<input type="text"/>
Value of salvage or carcass	<input type="text"/>	Amount of claim	<input type="text"/>

Is any other insurance in force on the animal? YES NO

If Yes, state particulars

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

6. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? YES NO Name of account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix

7. Declaration/Privacy Act 1993 / Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland (to evaluate my/our claim);
- (c) authorise the disclosure of this personal information regarding this claim to other parties;
- (d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- (e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- (f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- (g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

<input type="text"/>	Date / /
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Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

VETERINARY SURGEONS REPORT

Please ensure this section is properly completed before sending in the claim form. It is essential, in the interest of the policyholder, that this form be completed as fully as possible so we may assess the amount payable fairly and quickly.

1. Details of animal (also mare if claim is for loss of foal)

I certify that I have attended the animal(s) below.

Name of number	<input type="text"/>	Breed	<input type="text"/>
Sex	<input type="text"/>	Age (rising)	<input type="text"/>
Colour and distinguishing marks	<input type="text"/>		
Name or number	<input type="text"/>	Breed	<input type="text"/>
Sex	<input type="text"/>	Age (rising)	<input type="text"/>
Colour and distinguishing marks	<input type="text"/>		

2. Details of illness or injury

Date of first attendance / / Date of last attendance / /

Nature and cause of injury/illness

Date of death / / Time am/pm Place of death

Cause of death

If Post mortem examination has been made, please state results

<input type="text"/>

Under whose veterinary treatment has the animal been since the accident/commencement of illness?

Has proper care and treatment been exercised both before and after the accident/illness?..... YES NO

Has the injury or ailment been caused or accelerated on the part of the owner or their employee? YES NO

By neglect YES NO

By overwork YES NO

2. Details of illness or injury (contd)

State, as far as can be ascertained, the sort of work the animal has had to do

What was the market value of the animal immediately before the accident or illness? \$

Please note any other comments or observations, giving your professional opinion of the whole case

3. Declaration

I hereby certify that the above particulars are, to the best of my knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me.

Signature	Date / /
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Address

Qualifications

Please attach proof of ownership, ie. receipts, creditcard slips or other supporting documents here.