



Livestock Claim Form

10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester, GL2 4NZ
NIG Policies are underwritten by UK Insurance Limited, The Wharf, Neville Street, Leeds, LS1 4AZ
Company No 1179980. UK Insurance Ltd is authorised and regulated by the Financial Services Authority. Calls may be recorded

1. You the Policyholder **Please Use Block Capitals**

Name of Insured **Policy No**

Address

Town **County**

Postcode

Date Premium Paid / /

Business/Occupation

Home Telephone No

Are You VAT Registered? Yes/No

Mobile Telephone No

2. Description of the Animal

Name/Identification No	Breed	Sex	Age	Value Prior to Loss

3. Veterinary Details

When was the animal first seen to be ill/infertile?

When was the vet notified?

When was the animal first seen by a vet?

Give dates of attendance

Full details of attending vet

Name

Address

Town **County**

Postcode **Telephone No**

4. Circumstances of the Loss

Place of death	Date	/	/	Time
Circumstances of death				
If Straying please detail fencing in place at location of escape:				
If transit please advise number and value of animals in transit:				

5. Details of the Animal

For what purpose was the animal kept?			
When was the animal last engaged in this purpose?			
Did you purchase or breed the animal?			
If purchased state from whom (Please attach original purchase receipt)			
Date of purchase	/	/	Price paid £
If the animal is insured elsewhere please advise name and address of insurance company			

6. Amount of Claim

Amount of claim £	If salvage payment received state amount £
-------------------	--

I/We declare that to the best of my/our knowledge and belief the details given are true and that proper care and treatment was afforded to the animal. I/We understand that if fraudulent means including inflation or exaggeration of the claims are used, all benefit under the policy shall be forfeited and criminal proceedings may ensue. I/We understand that you may seek information from other Insurers to check the answers I/We have provided. **Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.**

Date	/	/	Insured's Signature
------	---	---	---------------------