GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

LIVESTOCK INSURANCE CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

1. Insurance Details

Name and address of the insured

Name of the insured	Postal Address	Tel. No.	Farm Location (GPS)

2. Animal Details

Policy Number	Type of animal	Identification	Number of animals lost	Sum Insured (KShs)
Totals				

3. Animal Health Details –State

a) When the animal(s) insured was taken ill/had accident?_____

b) Type or nature of disease or accident?_____

c) When the veterinary officer was notified and when attended the animal(s)_____

d) When the Veterinary Officer last attended the animal_____

e) Give details of the Veterinary officer, providing his name and telephone contact._____

4.Cause of death (What was the cause of death)_____

a) If it was an accident, state how, when and where it occurred_____

b) If it was disease, how do you account for it?_____

c) Was a postmortem carried out? Yes ☐ No ☐

If yes attach postmortem report_____

d) Had the animal(s) previously suffered from any accident or disease ? Yes ☐ No ☐

What efforts did you take to prevent the death?_____

e) Under whose care was the animal before death_____

5.Ownership of the animal at the time of death: -

a) Were you still the owner of the animal at the time of death? And how long has it been in your possession?

_____

b) What measures did you take to mitigate the loss?_____

._____

6.Salvage: -

How much was raised from the sale of the carcass (attach sale agreement)_____

7. If loss was due to theft, was the police notified and a police abstract obtained? Yes ☐ No ☐

If yes attach the police abstract.

8. During the course of the insurance period, is/were there animal(s) introduced into the herd? Yes ☐ No ☐

If yes give details_____

Declaration:

I/We declare and warrant that the above answers/information in every respect are true and correct and I/We have not withheld any information that may be necessary in settling this claim by the insurer.

Name _____ Signature_____ Date_____

Intermediary:_____