



LIVESTOCK INSURANCE CLAIM FORM

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) |
|---------------|----------------|----------------|------------------------|--------------------|
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| | | | | |
| | | | | |
| 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.



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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? If yes attach postmortem report

d) Had the animal(s) previously suffered from any accident or disease?

What efforts did you take to prevent the death?

e) Under whose care was the animal before death



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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? 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: _____