







## KUDA GAME MORTALITY CLAIM FORM

## SECTION A: PERSONAL INFORMATION Insured's Name: Policy number: Bank account into which payment should be made Name of account holder: Bank Name: Branch code: Account number: Account Type: R **Amount Claimed:** (Including VAT) SECTION B: DETAILS OF ANIMAL Specie: Microchip number(s): Age: Gender: Date of acquisition: Purchase price (Including VAT): R Name and address of person(s) or auction you purchased or otherwise acquired this animal from:

## Give the exact circumstances and cause of loss: When was the animal first discovered to be sick/injured? ΑM PMDate & Time: When did a veterinarian first attend to the animal? Date & Time: ΑM PMWhen did the animal die (if destroyed, please state)? Date & Time: ΑM PMWhen was Kuda notified of the sickness/injured? AM PMDate &Time: Veterinarian details: Name: Telephone number: Please note that a post-mortem report from your veterinarian must accompany every claim. SECTION D: HISTORY Was the animal, while owned by you ever sick? Ν If yes, please give details and the name of the attending veterinarian: / Ν Had this animal undergone any surgical operation during the term of this policy? If yes, please give details and the name of the attending veterinarian: Have any other animals in your ownership died during the past 36 months? If yes, please give details and specify whether insured or not:

SECTION C: DETAILS OF DEATH

## SECTION E: OWNERSHIP Are you the sole owner of the insured animal? If no, please give name(s) and address(es) of the other owner(s): Apart from the insurance to which this claim refers was there any other insurance pertaining to this animal, whether in the Insured's name or any other name, at the time of loss? Ν If yes, please provide details, including whether or not this claim will be covered and the policy number: Your VAT registration number: SECTION F: DECLARATION I ...... of ...... hereby claim from in full release and satisfaction of all claims under this policy in respect of the loss for the amount of R...... (Including VAT), less the amount of deductible/excess R......(Including VAT). I DO SOLEMNLY AND SINCERELY DECLARE that the foregoing particulars are true and that the claim is a just

and reasonable one and that the proper treatment and care was given to the animal. I agree that if any of the above answers or part thereof are untrue my claim for compensation shall be forfeited and the said Policy shall be null and void.

Signature:															
Name:															
Declared at:				Da	ıto.	D	D	/	M	M	/	Y	Y	Υ	Υ