

## SECTION A: PERSONAL INFORMATION

Insured Name:							
Policy Number:							
BANK ACCOUNT(S) INTO WHICH PAYMENT SHOULD BE MADE:							
Name of account holder (1):							
Bank Name:				Branch code:			
Account number:							
Account Type:							
Amount Claimed (incl VAT):		Excess:		Total:			
Name of account holder (2):							
Bank Name:				Branch code:			
Account number:							
Account Type:							
Amount Claimed:							
If there is more than one owner please include details below:							
Are you the sole owner of the insured animal?						Yes	No
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?						Yes	No
If yes, please provide details, including whether or not this claim will be covered and the policy number:							

## SECTION B: DETAILS OF ANIMAL

Species:							
Microchip Number:							
Age:		Gender:					
Date of acquisition:							
Purchase Price:							
Name and address of person(s) or auction (include Lot number) you purchased or otherwise acquired this animal from:							



SECTION C: DETAILS OF DEATH

<b>PLEASE NOTE THAT A POST-MORTEM REPORT FROM YOUR VETERINARIAN MUST ACCOMPANY EVERY CLAIM.</b>			
Give the exact circumstances and cause of loss:			
When was the animal first discovered to be sick/injured?			
Date:		Time:	
When did a veterinarian first attend to the animal?			
Date:		Time:	
When did the animal die (if destroyed, please state)?			
Date:		Time:	
When was Kuda notified of the sickness/injury?			
Date:		Time:	
Who was the contact person at Kuda that you dealt with:			
VETERINARIAN DETAILS - Treated			
Name:		Telephone:	
Farm/Premises where the carcass can be inspected by an assessor:			
Contact Person:		Telephone:	
VETERINARIAN DETAILS - Post Mortem			
Name:		Telephone:	
Farm/Premises where the carcass can be inspected by an assessor:			
Contact Person:		Telephone:	
If this is a capture claim please provide the details of chopper pilot			
Contact Person:		Telephone:	
If this is a capture claim please provide details of the darting vet			
Name:		Telephone:	



### SECTION D: HISTORY

Was the animal, while owned by, you ever sick?	Yes		No	
If yes, please give details, date and the name of the attending veterinarian:				
Had this animal undergone any surgical procedure during the term of this policy?	Yes		No	
If yes, please give details, date and the name of the attending veterinarian:				
Have any other animals in your ownership died during the past 36 months?	Yes		No	
If yes, please give details, date and specify whether insured or not:				
Have you attached a PM report?	Yes		No	

### SECTION E: DECLARATION

I \_\_\_\_\_ (name) of \_\_\_\_\_ (address) hereby claim from Underwriters subscribing to Policy Number \_\_\_\_\_ and will accept from them in full release and satisfaction of all claims under this policy in respect of the loss for \_\_\_\_\_ (Microchip number(s)) the amounts including VAT:

Amount:		Excess:		Total:	
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I DO SOLEMNLY AND SINCERELY DECLARE that the foregoing particulars are true, that I am duly authorised to complete this claim form, 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:		Date:	

