



KUDA GAME MORTALITY CLAIM FORM

Important notes – Incomplete claim forms will delay your claim

- This claim form is to be completed and signed by the policy holder or authorised person
- Please include all original invoices in good quality PDF or JPEG format
- Please note a vet report is required for any surgery, major treatment, or lameness
- Please use a separate claim form for each animal and each illness/injury
- Please use N/A for any sections that are not applicable
- Please email all claims documents within 30 days of treatment to claims@kuda.co.za

PLEASE NOTE THAT A POST-MORTEM REPORT FROM YOUR VETERINARIAN MUST ACCOMPANY EVERY CLAIM.

SECTION A: PERSONAL INFORMATION

(Please state N/A to questions that are not applicable to you)

Insured Name				
Policy Number				
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			

KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 2ND FLOOR, CORMORANT ROAD, BIG BAY 7441 | PO BOX 151, BLOUBERGSTRAND, 7441
T 021 554 5832 | COMPANY REG 2008/018404/07 | VAT NUMBER 4570254054 | AUTHORISED FINANCIAL SERVICES & CREDIT PROVIDER | FSP 38382 | NCRCP 12527 | APPROVED LLOYD'S COVERHOLDER | PIN112897C.JS
DIRECTORS: W SMITH, B KANTOR, G PUNT
WWW.KUDA.CO.ZA

INSURER:

CERTAIN UNDERWRITERS AT LLOYD'S
PHYSICAL ADDRESS: LLOYD'S SOUTH AFRICA LTD, THE FORUM, 15TH FLOOR, SANDTON.
POSTAL ADDRESS: PO BOX 787163, SANDTON,
T 011 505 0000



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SECTION C: DETAILS OF DEATH

PLEASE NOTE THAT A POST-MORTEM REPORT FROM YOUR VETERINARIAN MUST ACCOMPANY EVERY CLAIM.			
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 specify)?			
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	
Please supply the Farm/Premises where the carcass can be inspected by an assessor			
Contact Person		Telephone	
VETERINARIAN DETAILS - Post Mortem			
Name		Telephone	
Please supply the 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	

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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: BANKING DETAILS

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)	R	Excess	R	Total	R
Name of account holder (2)					
Bank Name		Branch code			
Account number					
Account Type					
Amount Claimed	R				
If there is more than one owner, please include details below:					

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SECTION F: DECLARATION

I _____ (name) 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.

Name	Signature
Declared at	Date

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