

LIVESTOCK CLAIM FORM

INSURED NAME _____

POLICY NUMBER _____

BROKER _____

AIUA claims are handled in compliance with the requirements of the ABI Claims Code. Further information can be obtained by visiting the ABI website <http://www.abi.org.uk>

IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (BACS).

In order to do this the company will need you bank account details so please complete the form below (Capital Letters Please) :-

Name of Bank	
Branch	
Sort Code	
Bank Account Number	
Account Name	

Towergate AIUA

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Towergate AIUA is a trading name of Towergate Underwriting Group Limited

Registered in England No. 4043759 Registered Address: Towergate House, 2 County Gate, Staceys Street, Maidstone, Kent ME14 1ST

Authorised and regulated by the Financial Services Authority

Policyholder Details

Name _____
Address _____
_____ Tel. No. _____
Occupation _____ Are you registered for VAT purposes? YES / NO

Animal Details

Item No. on policy schedule _____ Breed _____ Identity Mark _____
Age _____ Sex _____ Weight kg _____ Market Value £ _____
Date of purchase _____ Purchase price £ _____ Amount of VAT paid _____
If the claim is for death, please provide Purchase, Pedigree, Registration and Salvage Documentation.

Loss Details

Date the animal first became ill or accident occurred _____
Date the animal was first attended by the veterinary surgeon _____
Date the slaughter or death occurred _____
Cause of death _____
If accidental, please state how it occurred and where _____
Name and address of person in charge of the animal at the time of death _____
For what purpose was the animal used _____
Name and address of the veterinary surgeon _____
Amount obtained for the salvage of the carcass £ _____
Was any other insurance in force elsewhere? If so, please provide details _____

Declaration

I / We, the undersigned, do hereby declare that, to the best of my/ our knowledge and belief, the foregoing particulars are true and correct.
I / We understand that you may seek information from other insurers to check the answers I / we have provided.
I / We understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Limited) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Signed _____ Date _____

VETERINARY SURGEON'S CERTIFICATE - to be supplied by Insured, at own expense, in support of a claim.

I HEREBY CERTIFY that I, the undersigned attended the animal described below, the property of

(name) _____ of _____

Animal Details

Breed _____ Identity Mark _____

Age _____ Sex _____ Weight kg _____ Market Value £ _____

Loss Details

Date of first attendance _____ Date of last attendance _____

Date and time of death _____

Place of death _____

Cause of death _____

If post mortem carried out, please give result _____

In your opinion has proper treatment / care been given both before and after illness or accident _____

What was the general bodily condition of the animal _____

If illness, when, in your opinion, did the condition first manifest itself _____

Has the animal ever suffered from a condition of a similar nature? If so, please give details _____

If accident, when and where did this occur _____

Declaration

I hereby certify that the above particulars are, to the best of my knowledge and belief, true, accurate and that no information which ought to be given has been withheld by me.

Signed _____ Date _____

Practice name and address _____