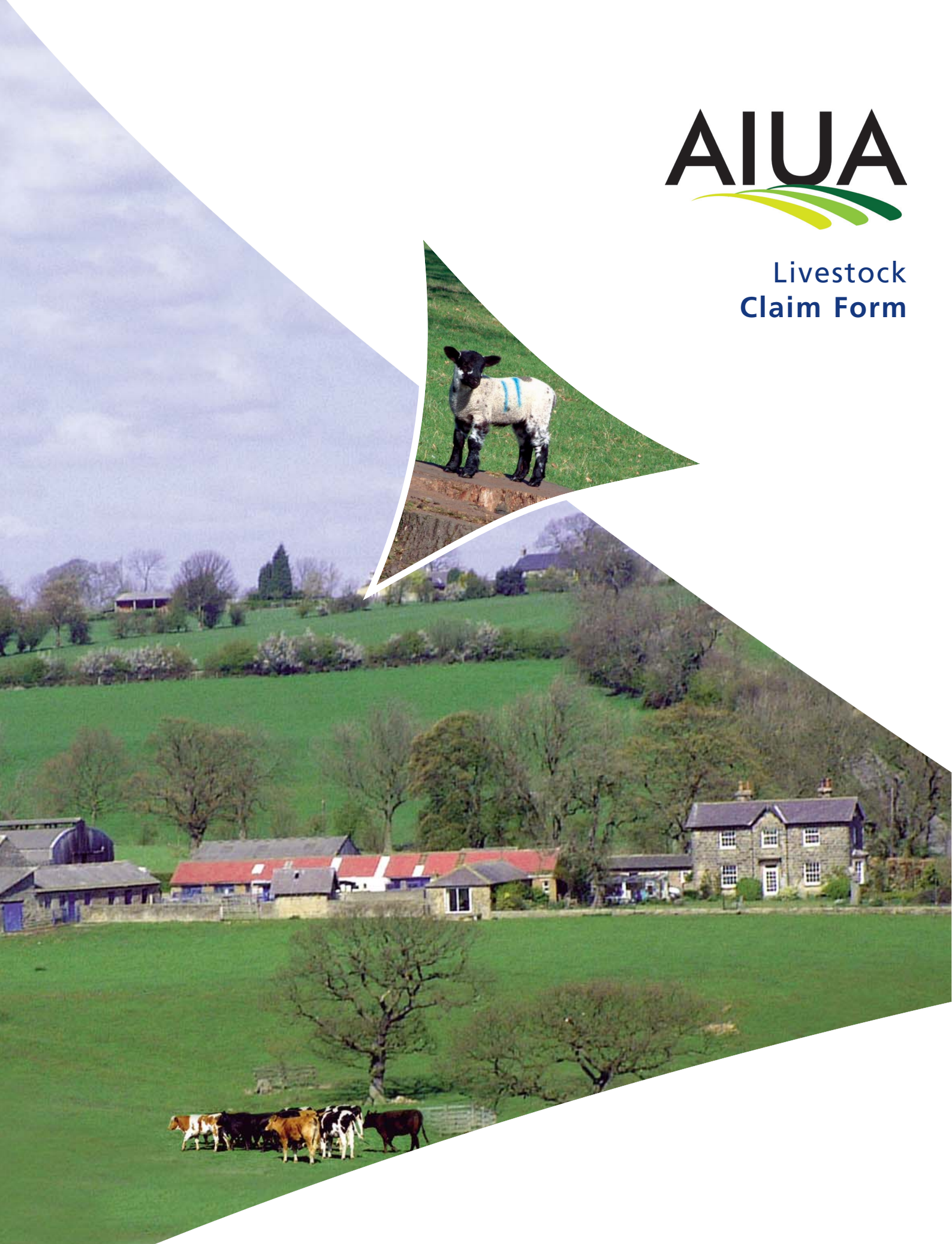


# AIUA



Livestock  
Claim Form



## Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

**IMPORTANT: PLEASE READ CAREFULLY** Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

### To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.  Policyholders Name

Insured Person's full name  
(including any titles)

Date of Birth  Occupation(s)

Address

Postcode  Tel. No.  Mobile

Are you VAT registered? YES  NO

Can you recover VAT for this claim ? YES  NO

### Animal Details

Item No. on the policy schedule		Type of animal	
Breed		Weight in Kilo's	
Identity Mark/Tag		Age	
Sex		Principle use since purchase	
Market Value	£	Date of Purchase	
Purchase Price	£		

If the claim is for death, please provide Purchase, Pedigree, & Registration documents, together with a professional valuation for the animal(s) (please note this documentation is to be supplied at the clients own expense).

**Livestock - NB** 'Premises' are defined as **any** premises within Great Britain, owned used or occupied by the Insured for the purpose of the business

Description	Number of animals on the Premises (1)	Approx: Total Value £
Beef cattle		
Dairy cattle		
Sheep		
Pigs		
Other		

**Loss Details**

Date animal(s) first became ill or accident occurred	Date dd/mm/yyyy	Time am/pm
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Date animal(s) was first attended by the Veterinary Surgeon	Date dd/mm/yyyy	Time am/pm
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Date the slaughter or death occurred	Date dd/mm/yyyy	Time am/pm
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Please give full details as to the cause of death

If accidental, please state how it occurred and where

**Please support with a copy of the Post Mortem report when applicable**

State location of the animal at the time of death if different to the policyholders address mentioned above

If death occurred on Third Party property please provide contact details of the Third Party/Land owner

Name and address of the Veterinary Surgeon

Name and address of the person in charge of the animal at the time of death

Please state the amount obtained for the salvage of the carcass £

**Please support this statement with a copy of the Salvage Receipt**

Were any veterinary and or disposal fees incurred	<b>Yes</b>	<b>No</b>
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If 'Yes' please attach copy invoices (**NOTE:** Veterinary Fees incurred must be in an attempt to save the animals life)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

**DECLARATION**

**I/We** understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services 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. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution.

**I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

**You must read the declaration before signing**

Signed  Date

<b>Veterinary Surgeons Certificate - to be supplied by the Insured at their own expense in support of this claim</b>			
I hereby certify that I, the undersigned attended the animal described below, and confirm that it is the property of :-			
Policyholder's name		Address	
<b>Animal Details/Name</b>		Type of animal	
Breed		Identity Mark/Tag	
Sex		Age	
Market Value	£	Weight in Kilo's	
<b>Loss Details</b>			
Date of first attendance of animal	Date dd/mm/yyyy	Time	am/pm
Date last attended	Date dd/mm/yyyy	Time	am/pm
Date the slaughter or death occurred	Date dd/mm/yyyy	Time	am/pm
Please give full details as to the cause of death			
If you have carried out a post mortem of the animal please give the results			
<b>Please support with a copy of the Post Mortem report where applicable</b>			
What was the general 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 before? If so, please give details			
If an accident, when and where did this occur			
In your opinion is the injury /illness consistent with the incident reported to you by the policyholder?	Yes	No	
<b>Complete if the animal has been euthanised and STAMP / SIGN to verify that this section has been completed by YOU.</b>			
Please confirm this was done on immediate humane grounds	Yes	No	
If 'No' please give more details			
If death/ accident occurred whilst loading/ unloading/ in transit, please confirm the purpose of the journey/ intended journey			
<b>Declaration by the Veterinary attending</b>			
I hereby certify that the above particulars are to the best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.			
Veterinary's Signature	Print name	Address of Surgery	
Date	Tel. No.	Email Address	

**AIUA**, Grimbald Crag Close, Knaresborough, HG5 8PJ,

**T: 0344 346 0411, F: 0344 346 0412** email [reception@aiua.co.uk](mailto:reception@aiua.co.uk) [www.aiua.co.uk](http://www.aiua.co.uk)

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V3 06/19 Classified Public



### Important notice regarding claim payments

If your claim is successful you may elect to receive payment either by cheque or by BACS transfer. Please indicate your preference below, and where BACS transfer has been selected, provide the details listed.

You may wish to submit this page separately to your Insurance Broker. If so, please ensure you provide your policy number and/ or claim reference number. Thank you.

Cheque

BACS Transfer

Name of Bank

Branch

Sort Code

Account No.

Account Name

Payment Reference

If the account details provided above are for someone other than the named policyholder, please provide a comment in the box below, and authorisation:

By providing your details below, you confirm that all parties of the Insured entity agree that payment may be released to this account rather than to the account of the policyholder:

Policyholder Name

Policyholder Signature

Date

Once the appropriate claim payment/s have been processed and the above details are no longer required, they will be removed from the claim file and destroyed in accordance with our data retention policy.

AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,

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