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## Equine / Livestock Insurance Claim Form

Proposer/s name in full: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Are you registered for GST: Yes  No  If Yes, ABN No \_\_\_\_\_ ITC Proportion \_\_\_\_\_ %  
 Postal address: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_ Phone number (Bus Hours) \_\_\_\_\_  
 Address where animal was kept: \_\_\_\_\_

### Description of animal Claimed (if insufficient space attach schedule)

Name	Breed	Brand & Colour	Sex	Date Born	Sum Insured
				/ /	\$

**General Questions:** All must be fully answered (attach further details if insufficient space)

- Date and time veterinary surgeon first attended? \_\_\_\_\_ AM / PM \_\_\_\_\_ / /
- Name and address of veterinary surgeon? \_\_\_\_\_  
 Enclose a copy of the veterinary report, diagnosis & autopsy to this claim for the animal.
- Type of Claim  Mortality/Theft  Loss of Use
- For what purposes was the animal being kept? \_\_\_\_\_
- What is the current value of the animal and why? \_\_\_\_\_
- Give the date and time that the animal died or was destroyed: \_\_\_\_\_ AM / PM \_\_\_\_\_ / /
- Give the date and place that the animal sustained the injury: \_\_\_\_\_ / /
- Cause of illness or injury? \_\_\_\_\_
- Who was in charge was the animal at the time of the illness or injury? \_\_\_\_\_
- If illness or injury was caused by the apparent negligence of any person, give name, address, occupation and reason for you thinking so? \_\_\_\_\_
- Was salvage obtained from the carcass, if so please enter amount and receipt? \$ \_\_\_\_\_
- Give details of previous treatment or medication administered to this animal whilst in your possession? \_\_\_\_\_
- Have you received livestock insurance payments before? If so please provide details? \_\_\_\_\_
- Was the animal, now the subject of this claim, insured elsewhere? \_\_\_\_\_
- Has any other person or company any financial interest in this animal? If so please give their name and address and state their interest. \_\_\_\_\_
- Have you ever had:
 

i	any insurance claim declined?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii	any insurance Certificate declined?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Declaration

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner caused or contributed to the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event that the information detailed above or included in the attached documents is a true and faithful account of the actual loss sustained.

Signature of Owner: X \_\_\_\_\_