



FBC Insurance Company Limited

LIVESTOCK CLAIM FORM

1) INSURED DETAILS

Name of Insured..... Occupation.....
Postal Address..... Telephone No.....
Physical Address..... Cell No.....
Email Address.....

2) ANIMAL(S) DETAILS

Tag Number(s).....
Breed.....
State colour and distinctive marks of the dead animal(s).....
Sex or Species.....
Market value of animal(s) prior to death.....
Sum insured for animal(s).....

3) STATE THE DATE

- i. When the animal(s) insured was first taken ill.....
- ii. When the Veterinary surgeon first attended to the animal(s).....
- iii. When the Veterinary surgeon last attended to the animal(s).....

4) CAUSE OF DEATH

What was the cause of death.....
i. If it was an accident, state how and where it occurred.....
ii. If it was diseases how do you account for it.....

Warning: Insurance fraud is a crime

Was the post mortem carried out? if yes attach the post mortem report

Had the animal(s) previously suffered from an accident or disease.....

If Yes

- i. State the nature of accident or disease.....
- ii. Name of veterinary surgeon who attended to the animal(s).....

Was the animal your property at the time of death? And how long has it been in your possession?

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What measures were taken to mitigate the loss?.....

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How much was raised from the sale of the carcass.....

What was the purchase price of the animal(s).....

If the accident was due to negligence by third party

- i. Has a police report been obtained?.....
- ii. State in full details of third party.....

During the course of the insurance period, have you purchased or sold any animal(s)? If yes give details.....

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Date

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Signature of Insured