



A New Dimension In Insurance

APA INSURANCE LTD

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LIVESTOCK INSURANCE (CLAIM FORM)

(1) INSURANCE DETAILS

Name of insured: Occupation

Postal address Telephone number

Physical address..... Cell phone

(2) ANIMAL(S) DETAILS

Tag/Brand Numbers:

Breed

State colour and distinctive marks of the dead animals

Market value of animals prior to death

Sum insured for animals

(3) STATE THE DATE

- (i) When the animals insured was first taken ill
- (ii) When the veterinary surgeon first attended to the animals
- (iii) When the veterinary surgeon last attended to the animals

(4) CAUSE OF DEATH

- What was the cause of death ?
- (i) If it was an accident, state show and where it occurred
 - (ii) If it was a disease, how do you account for it ?
 - (iii) Was the post mortem carried out ?

- (iv) If yes attach the mortem report
- (v) Had the animals previously suffered from any accident or disease? No Yes.

If yes

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

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?.....

How much was raised from the sale of the carcass?

What was the purchase price of the animals?

If the accident was due to negligence by the third party

- (i) Has the police report been obtained?.....
- (ii) State in full details of the third party.....
- (iii) During the course of the insurance period , have you purchased or sold any animals(s) If yes give details

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NOTE

The attached veterinary surgeon certificate should be completed together with the claim form

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Date

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Signature