WILDLIFE SECURE

Wildlife Insurance Claim Form

Every question must be fully answered, the abbreviation N/A should be used where the question is not applicable.

The Company does not admit liability by issuing this document

Please provide the following information / documentation where possible with your claim form

Sale Invoice

Stock Transfer Permit

Consignment / Freight / Delivery Note (showing terms and conditions)

Copy of your written 'Letter of Demand' to the carrier and their subsequent response

If animals destroyed for humane reasons, include a copy of the veterinary officers autopsy

Result of claim made against third parties (please give details) and attach correspondence

Drivers statement of any accident or incident giving rise to a loss

INSURED DETAILS

Policy Number: _____ **Claim No:** _____

Insured Name: _____

Postal Address: _____

Contact Name: _____

Contact Number: _____ **Cell:** _____

Facsimile: _____

Email Address: _____

CLAIM INFORMATION

Date of Loss: _____ **Date of dispatch:** _____ **Date of arrival:** _____

Place of dispatch: _____ **Place of Arrival:** _____

Please provide details of loss:

_____
_____
_____
_____
_____

Where did the loss occur:

_____

"IF THE LOSS IS DUE TO THEFT"

Has the event been reported: YES ☐ NO ☐

If "YES" please advise the name and location of the police station:

_____

Police report number: _____

Name of the Carrier: _____

Carriers Address: _____

Carriers Contact Number: _____ **Carriers Email address:** _____

Details of animals claimed	Microchip &/or Tag Number	Amount Claimed ZAR
		R
		R
		R
		R
		R
		R
		R
		R
	Total Amount Claimed	R

FULL DETAILS OF THE ATTENDING VETERINARY SURGEON

Name:

Address:

Telephone Number: **Email Address:**

DETAILS OF DEATH

Cause of death:

If by disease, how was it contracted?

If by accident, detail the injuries sustained:

Was a post mortem performed: (If yes, please provide a detailed report)   **YES** ☐ **NO** ☐

How was/is the carcass disposed of?

I / We declare that to the best of my / our knowledge and belief the details given are true and that proper care and treatment was afforded to the animal / s.

_____   _____
     Signature of the Insured: **Date:**