



A New Dimension In Insurance

APA INSURANCE LTD

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NAIROBI – KENYA

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LIVESTOCK INSURANCE (CLAIM FORM)

(1) INSURANCE DETAILS

Name of insured:

Postal address Telephone number

Occupation

Location of Farm Cell phone

(2) ANIMAL(S) DETAILS

Bolus/Tag/Brand Numbers:

Breed

State colour and distinctive marks of the dead animal

Market value of animals prior to death

Sum insured for animals

(3) STATE THE DATE

(i) When the animal insured was first taken ill/had an accident

(ii) When the veterinary surgeon first attended to the animal

(iii) When the veterinary surgeon last attended to the animal

(iv) Contact details of the Veterinary Surgeon including registration details:

Name:.....

Registration Number(KVB/KVA):.....
P. O. Box:.....
Phone Number:.....

(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 a disease, what were the symptoms?.....

(iii) Was a post mortem carried out?

(iv) If yes attach the post mortem report

(v) Had the animals previously suffered from any accident or disease? No Yes.

If yes

- State the nature of accident or diseases
- Name of the veterinary surgeon who attended to the animal

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

(vii) What measures were taken to mitigate the loss?.....

(viii) How much was raised from the sale of the carcass?

(ix) Attach dated photographs of the dead animal(s)

(x) What was the purchase price of the animal?

(xi) If the accident was due to negligence by the third party

- Has the police report/abstract been obtained? (if so, attach it)
- State in full details of the third party:

- Name:.....
- ID Number:.....
- Mailing address:.....
- Phone Number:.....

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

(5) IF STOLEN GIVE THE FOLLOWING DETAILS:

- a. Date Stolen:.....
- b. Date reported a security agency:.....
- c. Measures taken to recover the animal:.....
- d. Attach Police Abstract

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

.....
Date

.....
Signature