



NO POST MORTEM = NO CLAIM  
NO CARCASS = NO CLAIM

### PLEASE PROVIDE ANIMALSURE WITH THE FOLLOWING INFORMATION

Policy No.:	Inception Date:	Expiry Date:	Broker:
Date of claim:			
Client details:			
Title:			
First name:			
Last name:			
Company name:			
Contact person:			
Physical address:			
Country:			
Tel. no.:			
Fax no.:			
Cell:			
Email:			

### DETAIL OF ANIMAL(S)

Species:
Age:
Gender:
Tag/Microchip no.:
Value (Incl. VAT):
Purchase price (please attach invoice):
Date of purchase:
Animal(s) purchased from:
Reason for animal's death:

AnimalSure Underwriting Managers (Pty) Ltd (Reg No 2016/228347/07) is underwritten by Mutual and Federal Risk Financing Limited, Registration Number 1966/10741/06. A licensed Non-Life Insurer | Unit 4 Coral Reef, 7 Coral Road, Bloubergrant, 7441 | PO Box 11508 Bloubergrant, 7443 | T: 021 023 0486 | E: [lizette@animalsure.co.za](mailto:lizette@animalsure.co.za) | [www.animalsure.co.za](http://www.animalsure.co.za) | AnimalSure Underwriting Managers (Pty) Ltd is an authorised financial service provider FSP No. 47461 and a juristic representative to Strategic Insurance Systems (Pty) Ltd under FSP No. 1007

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Underwriting Managers



Please describe the circumstances:

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Symptoms before death/injury:

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Date of first sign of symptoms:

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Has there been any previous signs of illness, disease or injury since taking ownership?

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Date and time animal died:

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Date and time post mortem was performed:

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Veterinary surgeon responsible for the post mortem:

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Was the carcass kept for further testing?

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Was the carcass destroyed?

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Date:

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Date and time when the veterinary surgeon was first notified:

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Date and time the veterinary surgeon first attended the case:

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Please provide us with the veterinary surgeon's details:

Name:

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Practice:

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Tel. no.:

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Cell:

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Please attach the veterinary surgeon's diagnosis and post mortem report (please attach invoice):

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Have you had any other losses in the past two years?

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Was there any other insurance in force on the deceased animal?

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Did any other party have any financial interest in the insured animal?

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### REQUIREMENTS:

1. Completed claim form
2. Post mortem report
3. Blood smear sample
4. Photos of the carcass
5. Confirmation of microchip or tag number
6. Original veterinary certificate of health and microchip or tag numbers
  - a) If an animal is not uniquely identified or not noted on the agreed animal register it will not be covered under the terms of this policy.
  - b) No carcass is allowed to be destroyed without the written permission of the Insurer. If the carcass is destroyed without permission it will render the claim null and void.
  - c) Insured value: In the event of a claim value of the animal will be determined as the lesser of the replacement value or the agreed value.
7. Purchase Invoice

### PROCEDURES:

1. Notice of a possible claim must be submitted in writing within 48 hours following the date of loss and forwarded to [claims@animalsure.co.za](mailto:claims@animalsure.co.za).
2. Complete the above claim form.
3. Please ensure that the document is completed in full.
4. Please attach all the required documentation.
5. The carcass should be kept cold for possible sample testing.
6. The carcass can only be destroyed on instruction from the Insurer.
7. AnimalSure reserves the right to move the carcass to Onderstepoort for further testing.

### DECLARATION:

I, \_\_\_\_\_, hereby certify that all the answers to the above questions are to the best of my knowledge and belief, true and correct.

I solemnly declare that I have suffered a loss on the item as described above and that this item was in my possession immediate prior to the said loss which occurred in the circumstances as described above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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