



**NICO
General**

associated with  Sanlam group

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LIVESTOCK CLAIM FORM

**THE ISSUE OF THIS FORM DOES NOT IMPLY AN ADMISSION OF LIABILITY ON THE PART OF THE COMPANY
(Please answer all questions as fully as possible)**

Name of Insured: _____

1. Address: _____ Tel. No.: _____

3. Policy No.: _____

4. Description of the animal for which this claim is made:	
(a) Sex	(a)
(b) Name of animal	(b)
(c) Breed	(c)
(d) Colour and distinguishing marks or brands	(d)
(e) Age	(e)
(f) Value prior to illness	(f)
5. Information as to attention given to the animal:	
(a) When was animal first seen ill?	(a)
(b) When was notice of this first sent to the veterinary surgeon?	(b)
(c) When did the veterinary surgeon first see the animal?	(c)
(d) Give dates of subsequent attendance of veterinary surgeon	(d)
(e) When last seen by him	(e)
6. Date of death	Hour Place (address)

<p>7. Cause of death:</p> <p>(a) If from accident, give full details And who was in charge.</p> <p>(b) If from disease, give your opinion as to the cause.</p> <p>(c) If from operation, give details</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>8. Purpose for which used or employed. When last at work.</p>	
<p>9. If bought state:</p> <p>(a) From whom</p> <p>(b) Date of purchase</p> <p>(c) Price paid</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>10. Amount of claim K_____</p> <p>Amount received for salvage (enclose Salvage voucher)</p>	
<p>11. Is the animal insured elsewhere If so give details.</p>	
<p>12. If claim is for loss of in-foal mare, or foal, Or in-calf cow give :</p> <p>(1) Date due to foal or calve</p> <p>(2) Actual date of foaling or calving</p>	<p>(1)</p> <p>(2)</p>
<p>13. How many:</p> <p>(a) Mares-in-foal or cows-in-calf have you had this season?</p> <p>(b) Have you had insured this season</p> <p>(c) Have you lost this season</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>
<p>14. If you own other animals of this same type And class give particulars with ages and Values.</p>	

DECLARATION

I hereby declare the foregoing particulars to be true, that I have withheld no important information, and that proper treatment, attention and care were given to the above animal.

DATE: _____ SIGNATURE OF CLAIMANT: _____