



WILDSWINKEL
versekering
makelaars

Claim Form

Please provide Wildswinkel Versekering Makelaars with the following information:

A) DETAIL OF POLICY:

Policy No.: _____
Inception Date: _____ Expiry Date: _____
Date of claim: _____
Company name: _____
First name: _____
Last name: _____
Physical address: _____
Tel. no.: _____
Fax no.: _____
Cell: _____
Email: _____

B) DETAIL OF ANIMAL/S:

Specie/s: _____
Age: _____
Gender: _____
Tag no.: _____
Microchip no.: _____
Sum Insured (Incl. VAT): _____
Purchase price: _____
Date of purchase: _____
Animal/s purchased from: _____



C) DETAIL OF CLAIM:

Reason for animal's death: _____

Please describe the circumstances:

Symptoms before death/injury: _____

Date of first sign of symptoms: _____

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

Date and time animal died: Date: _____ Time: _____

Date and time Wildswinkel Versekering Makelaars was notified: Date: _____ Time: _____

Date and time veterinary surgeon was notified: Date: _____ Time: _____

Date and time post mortem was performed: Date: _____ Time: _____

Have samples been taken for further histopathology? Yes___ No___

Was the carcass destroyed? Yes___ No___

Was permission to destroy the carcass granted by Wildswinkel Versekering Makelaars? Yes___ No___

Please provide us with the veterinary surgeon's details:

Name: _____

Practice: _____

Tel. no.: _____ Cell: _____

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

If Yes, provide full details of date, specie and cause:

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

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



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D) REQUIREMENTS:

1. Completed claim form
2. Post mortem report
3. Blood smear sample if required
4. Photos of the carcass proving identity
5. Confirmation of microchip or tag number
6. Original veterinary certificate of health and microchip or tag numbers
7. Purchase Invoice if relevant

Please refer to the official Claims Procedure document on our website: www.wildswinkel.co.za.

E) DECLARATION:

I/We hereby certify that all the answers to the above questions are to the best of my/our knowledge and belief, true and correct. I/We solemnly declare that I/we have suffered a loss on the item as described above and that this item was in my/our possession immediately prior to the said loss which occurred in the circumstances as described above.

Signed at _____ on this day of _____ 20____

For and on behalf of: (Name of Business/Trust/Syndicate)

Signature of Director/Principal/Partner/Trustee

Name of signatory (Please print)