

Date

Signature

(Losses must be reported within 24 hours of occurrence)

Policy Holder (Surname first) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (if applicable) \_\_\_\_\_

Policy No. \_\_\_\_\_

All questions must be answered precisely by the policy holder, or if the latter is absent by the person in charge of the farm. The policy holder is responsible for the correctness and completeness of the answers, even if another person provides the answers in his absence or on his behalf. Dates or other signs in the spaces provided for the answers are regarded as indicating registration.



Breed	Sex	Date of birth	Current age	Description of the animal (s)	
				(1)	(2)
(a)					
(b)					
(c)					
(d)					

**NIGERIAN AGRICULTURAL INSURANCE CORPORATION (NAIC)**

**AGRICULTURAL INSURANCE SCHEME**

**CATTLE CLAIM FORM**



2. Who is the owner of the animal(s) for which claim is being requested?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

3. Where did you buy the animal(s)?

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

4. Do you have any animal(s) in your charge which does (do) not belong to your herd?

(a) If yes, how many? \_\_\_\_\_

(b) \_\_\_\_\_

(c) List the owners and details of the animals: \_\_\_\_\_



## CATTLE CLAIM FORM

(Losses must be reported within 24 hours of occurrence)

Policy Holder (Surname first) .....

Address.....

Telephone (if applicable).....

Policy No.....

All questions must be answered precisely by the policy holder, or if the latter is absent by the person in charge of the farm. The policy holder is responsible for the correctness and completeness of the answers, even if another person provides the answers in his absence or on his behalf. Dashes or other signs in the spaces provided for the answers are regarded as indicating negation.

1. Description of the animal (s) for which indemnification is being requested.

Breed	Sex	Current age or date of birth	Date of acquisition/purchases	Purchase price excluding additional cost	Name, basic colour, identifying marks, ear tag, brand, tattoo, defects (results of examinations and exhibitions)	Sum insured (N)

2. (a) Who is the owner of the animal(s) for which claim is being requested?.....

(b) From where did you buy the animal(s)?.....  
Indicate the exact place of purchase)

3. (a) To what purpose did you put the animal(s)?.....

(b) Has there been any change in ownership, use, occupation, location, possession or exposure of the animal(s) described since the above policy was issued? Yes/No.....

(c) If so, please give details.....

4. How many of the insured animals are on your farm or in your possession up to date?

- Number of milk cows.....
- Number of breeding bulls.....
- Number of work bulls.....
- Number of bull calves, heifers or/and fatteners.....
- Number of exotic breeds.....
- Number of cross breeds.....

5. (a) Do you have any animal(s) in your charge which does (do) not belong to you? Yes/No

(b) If yes, how many?.....

(c) List the owners and details of the animals :



Signature

Date

Name	Address	Number of animals	Identification Marks	Date received	Expected disposal date

6. To be answered only in the case of losses involving dairy cattle :  
 Current Milk yield (litre/day).....
7. (a) When did the animal (s) fall sick?  
 (b) What disease was diagnosed?  
 (c) From what date onwards was (were) the animal(s) isolated?
8. (a) When did you first consult a registered veterinarian?  
 (b) Veterinarian's exact address  
 (c) How soon after he was called was he in attendance?  
 (d) What subsequent visits did he make?
9. Did you give assistance before the veterinarian arrived? Yes/No  
 If yes, please give details.....
10. (a) When did you give notification of the disease, accident or death of the animal?  
 (b) How (by what means)?  
 (c) To whom and where?
11. (a) Has the animal been sick within the last 6 months? Yes/No  
 (b) When and what disease(s) was/were diagnosed?  
 (c) Had the animal(s) undergone any surgical operation during the currency of this policy ?  
 Yes/No.....  
 (d) If yes, please explain fully
12. What type of feed/pasture/supplement was given to the animal(s) before its (their) death?
13. (a) When did the animal(s) die?  
 (b) At whose order was it (were they) slaughtered or killed?  
 (c) Where and by whom was it (were they) slaughtered or killed?
14. (a) Is there any other contract of insurance? Yes/No  
 (b) If yes, please give details.....

I/We, hereby certify that I/we have answered the questions truthfully. I/We am/we aware that giving false statements may result in the loss of insurance cover, even if the insurer suffers no disadvantage thereby.

I/We herewith claim indemnification .....

Complete signature of the policy-holder signed in his own hand or thumb print.

Name	Address	Number of Animals	Identification	Date received	Expected date

**Note:** The issue of this claim form is not admission of liability on the part of the corporation  
**NOTE TO BE ATTACHED IN APPROVED VETERINARIAN'S CERTIFICATES.**

**IMPORTANT**

Veterinarians act as expert advisers to both the owner of the animals and the insurers are therefore expected to present a honest, unbiased opinion irrespective of pressures.

Excessive valuation of the insured animal is fraudulent, Exaggeration of defect in the interest of the owner of the animals is unprofessional, Insurers must be notified in advance of any intended anaesthetic or surgical procedure.

Destruction of insured animal; on humane ground is allowed if in pain that cannot be alleviated and so excessive that immediate destruction is imperative.

Humane grounds for destruction may also be allowed if the veterinarian appointed by the Company certifies that destruction is necessary to terminate incurable suffering.

**FOR OFFICIAL USE ONLY**

Report received at ..... by (Name and Signature) .....

On .....

Completed claim form received by (Name and Signature) .....

on .....

Farm inspected by (Name and Signature) .....

on .....

Claim approved by (Name and Rank) ..... Value (N) .....

For and on behalf of NAIC

Signature

Date

We hereby certify that we have answered the questions truthfully. We understand that giving false statements may result in the loss of our insurance even if the actual animal has died with claim indemnification.

Complete signature of the policyholder signed in the own hand or print.