

NIGERIAN AGRICULTURAL INSURANCE CORPORATION



POULTRY 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 answers are regarded as indicating negative response.

1. Indicate the class and number of the poultry for which indemnification is being requested.

	(A) Age	(B) Total number insured in the farm	(C) Total number for Claim	% Loss ($\frac{c/b \times 100}{1}$)
Broilers Pullets Layers Grand Parent Stock Parent Stock Cockerels				

2. Indicate the vaccinations carried out up to date:

Class of birds	Types of Vaccination	Number vaccinated	Age of birds	Sources of vaccines	Date of vaccination	Remarks

3. (a) When did you first notice the symptoms of the disease or cause of loss in the flock

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(b) When did you first consult a registered veterinarian?.....

© Indicate the exact address of the veterinarian.....

.....

(d) How soon after he was called was he in attendance?

(e) What disease was diagnosed in the post mortem report
(Attached the post mortem report of the Veterinarian)

(f) Any recent treatment or vaccination of the birds (if yes, state type and date

4. (a) When did you report the loss(es)?

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5. (a) Has the farm or surrounding farms suffered poultry losses from:
 disease.....
 fire.....
 others (specify).....
- (b) If yes give details of cause extent of loss in terms of percentage of birds lost and
 Monetary value involved.....

6. (a) What class(es) of poultry feeds are used in rearing?.....

- (b) Give brand names.....

7. What was the average egg production immediately before the loss?.....

8. Is there any other contract of insurance? Yes/No
 If yes , please give details

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

I/We herewith claim indennification

.....20.....

complete signature of policy holder
 Signed in his own hand or thumb print

NOTE: The issue of his claim form is not an admission of liability on the part of the company

NOTE TO BE ATTACHED IN APPROVED VETERINARIANS CERTIFICATE

IMPORTANT

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

Excessive valuation of insured animal, is fraudulent. Exaggeration of defect in the interest of the
 owner of the animal is unprofessional. Insurer must be notified in advance of any intend anesthetic
 or surgical procedure.

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

Human 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

Place
 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 (₦).....

For and on behalf of NAIC.

.....
 Signature

.....
 Date