

General Claim Advice

It is expressly understood and agreed that the furnishing of this blank form to the Assured or the assistance of any adjusters or agent of the Insurer in the making of this proof is not a waiver of any rights of said Insurer or any of the conditions of this policy.

Full Name:		Policy Number:
Address:		
Phone:	Mobile:	Email:
Sum Insured:	Period of Insurance:	

- | | |
|--|-------------------|
| Name of Animal: | Age and Sex: |
| Sire: | Dam: |
| Use: | Breed: |
| Brand: | Microchip Number: |
| Justification of Value: | |
| Date and location of last race or competition if applicable: | |
| If Mare, date and location of last service, stud fee and name of Stallion: | |
- Give exact circumstances and cause of loss including date and time:

If destroyed, give reason and on whose recommendations:

- In whose custody / care was the animal when sick or injured?

- What activity / purpose was animal engaged in at the time of injury?

- When was the animal first discovered to be sick or injured? Date: / / At AM PM

- When were CL Bloodstock notified of the sickness or injury? Date: / / At AM PM

- What treatment was given before the arrival of the Veterinarian?

- When was the veterinarian notified? Date: / / At AM PM

- When was the Veterinarian first in attendance? Date: / / At AM PM

Veterinarian's Name:

Veterinarian's Address:

What subsequent visits were made?

Was the animal, while owned by you, ever sick or injured before?

Yes No

If so, give details, with name of attending Veterinarian:

Had this animal undergone any surgical operation during the term of this policy?

Yes No

If so, please give name and address of Veterinarian:

Name:

Address:

10. Have any other animals in your ownership died in the last three years?

Yes No

Please specify whether they were insured?

Yes No

11. Are you the sole owner?

Yes No

If no, give name(s) and address(s) of other owner(s):

Name:

Address:

Is there any mortgage, lien, bill of sale or any other encumbrance on the said animal at time of loss?

Yes No

If so, give details:

12. Is there any other insurance on this animal?

If so please provide full details:

Continued over

13 The total sum insured covering the insured's interest in the above described animal insured under this Policy (whether valid or not),
was at the time of loss \$_____

I hereby authorise that all claims that may be agreed under this Policy be paid to the Insured and such payment to be sufficient discharge to Underwriters.

AND I DO, SOLEMNLY AND SINCERELY DECLARE that the foregoing particulars are true and that the claim is a just and reasonable one and that the proper treatment and care was given to the animal. And that I agree if any of the above answers or part thereof are untrue, my claim for compensation shall be forfeited and the said Policy shall be null and void. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Act of Parliament, rendering persons making false declaration punishable for wilful and corrupt perjury.

Signed _____

Date: / /

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