

Agent for the insurer

In dealing with or setting a claim under a policy issued by IRT Insurance on behalf of the Insurers. IRT Insurance will be acting under an authority given to it by the deal with or settle the claim and will be dealing with or settling the claim as agent of the Insurers and not of the Insured.

Policy No:

1. Name of Insured:

Full Address:

2. Description of animal – IMPORTANT

If claim is for loss of Foal, give description of Mare as well as Foal.

Sex	Animals name, pedigree	Breed	Colour	Brands and Full White markings tattoos or tags (show also in diagram on back)	Age	Value prior to illness or accident leading to death

3. Name address and telephone number of Veterinary Surgeon or other person who attended the Animal

When was animal injured or first seen ill?	When was notice sent to Veterinary Surgeon or person called to attend Animal?	When first seen by Veterinary Surgeon called in to attend Animal?	When last seen prior to death by Veterinary Surgeon called in to attend Animal?

4. (a) Where did animal die? (b) Date of death (c) Exact time of death
5. Cause of death
6. (a) If death caused by disease, how do you account for it?
- (b) If from an operation, state purpose of same and give date of operation and name of operator
- (c) If from accident, where did it occur and on what date?
- (d) Give general description of accident and state who was in charge of the animal
7. (a) Are you of the opinion that death was caused or contributed to by the fault or negligence of any person?
- (b) If so give name and address of such person
- (c) What is your reason for thinking so?
8. Did any persons witness the death of the Animal? If so, give names and addresses
9. Purpose for which Animal used
10. Did you breed or buy the Animal?
11. (a) If bought, say when (b) The price you paid
- (c) Name and address of person from whom you purchased it
12. (a) Are you the absolute owner of the Animal Claimed for?
- (b) If not, what is the nature of your interest?
- (c) State the names and interest of any other persons

13. (a) Amount of claim (b) When was premium paid?

14. (a) Was the animal insured elsewhere at the time of death?

(b) If so give details

15. Have you ever claimed under any Live Stock Insurance?

If so, give full particulars of all claims

16. (a) What previous illness or accidents has the Animal suffered, and when did they occur?

(b) Give names and address of Veterinary surgeons or other persons who attended the Animal at the time of such illnesses or accidents

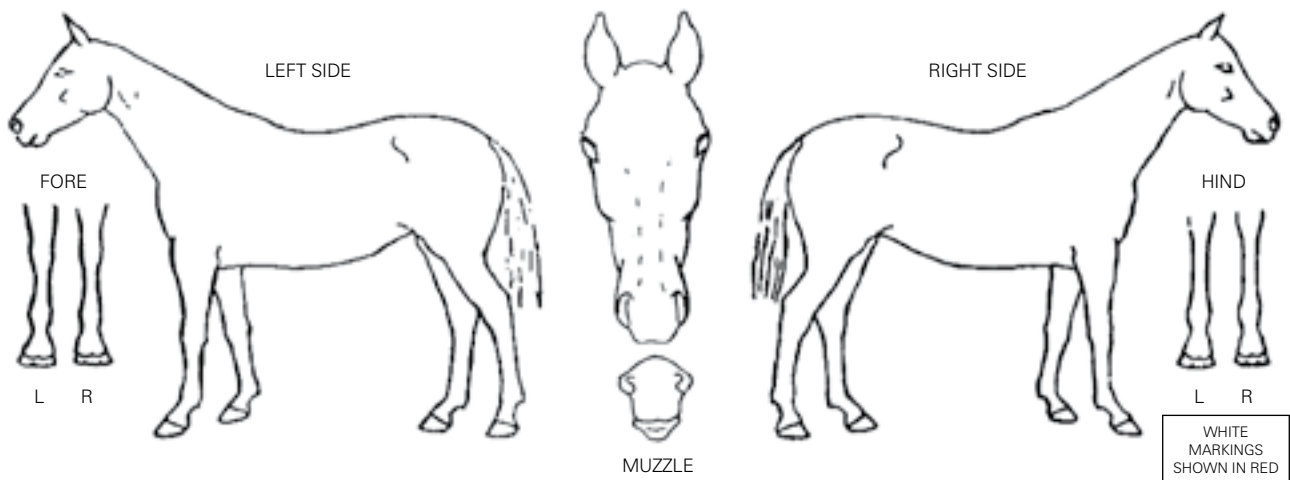
17. If death caused from foaling, was it through mal-presentation of foal?

18. If claim is for loss of In-Foal Mare or Foal

Give date when mare was due to foal	When did Mare foal or cast foal?	How many Mares in foal have you had this season?	How many Mares have you lost this season?	How many foals?

19. If there were any other circumstances, relevant to the death of the Animal, not already disclosed by the foregoing answers, give details:-
 If not sufficient space please attach separate piece of paper

20. Diagram of Animal



ALL BRANDS, WHITE MARKINGS AND SCARS MUST BE ACCURATELY DRAWN IN INK, IF THERE ARE NOT WHITE MARKINGS STATE SO.

WHITE MARKINGS WHICH EXTEND ROUND A LEG MUST BE SHOWN ON BOTH DIAGRAMS.

COLOUR

I, of

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 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 Insurance 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 or Parliament rendering persons making a false declaration punishable for wilful and corrupt perjury.

Taken and declared at this day of

in the year of our Lord two thousand and

Before me J.P. Signature

(Justice of Peace / Commissioner for taking Affidavits)