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WILDLIFE CLAIM FORM

IMPORTANT NOTICE

- a. The issue of these forms does **NOT** constitute liability.
- b. **ALL** questions on these documents to be submitted must be answered in full and failure to comply will result in delays in attending to this loss/claim.
- c. Failure to supply the required documentation as requested hereunder will result in the claim/loss being **REJECTED** by Underwriters / Brokers.
- d. **ALL** sections must be completed in full. Incomplete sections will result in form being returned to claimant for completion and a delay in processing.

Kindly note that ALL claims correspondence (including post mortem and veterinary reports) MUST be in English as required by the Underwriter Lloyd's of London.

Requirements

Step 1

Fill out the claim form and fax/email to us on details given below.

Step 2

Send us the following documents:

- a. Original Purchase Invoice plus delivery note.
- b. Vets Report completed and signed by veterinarian.
- c. Post mortem Report for all high value species of game. *(if claim is for the following species only: - Rhino, Buffalo, Sable, Roan or as requested by the Underwriters)*

1. Please provide the following contact details

Date:

Contact name:

Insured Name:

Business Registration: (Pty) Ltd CC Sole Proprietor Other N/A

VAT Number:

Postal Address:

Postal Code:

Telephone:

Cellphone:

Fax:

Email:

2. **Details of the animal**

Species	Age	Gender	Value/head (incl. VAT)	Quantity

3. **Full purchase price of animal**

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4. **Date of purchase**

.....

5. **From whom purchased**

.....

6. **Circumstances of animals death**

.....

7. **What were the symptoms exhibited when the animal was first injured or took ill**

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8. **What date were the symptoms first exhibited**

.....

9. **Date and time animal took ill or met with injury**

.....

10. **Give details of any previous illness, injury or disease since you have owned the animal and what treatment was administered**

.....

11. **Date and time animal was destroyed (if applicable)**

.....

12. **If animal was destroyed give reasons for this course of action**

.....

.....

13. **Date and time animal died**

.....

14. **Has the carcass been inspected - if so, by whom and on what date**

.....

15. **What was the veterinary surgeon's diagnosis - Attach P.M. report if applicable (see Requirements step 2, point 3 of Claims procedure above)**

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16. **Date and time veterinary surgeon was first notified**

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17. **Date and time veterinary surgeon first attended case**

.....

18. **Name and telephone number of veterinary surgeon attending case**

Name:	
Practice:	
Work telephone:	
Cell number:	

19. **Have you had any losses during the last two years which would have come under the scope of this insurance?**

Yes No

20. **Was there any other insurance cover in force on the deceased animal during the period of the current policy?**

Yes No

If yes, state amount, full particulars and where effected/ name of Insurance company:

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.....

21. **Please state whether any other person or organisation had any financial interest in the animal insured** Yes No
If yes, please give details:

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.....

NOTE: A RECEIPT OF THE PURCHASE PRICE OF THIS ANIMAL SHOULD BE SENT WITH THIS CLAIM FORM

DECLARATION

I hereby certify that the answers to the above questions are to the best of my information, knowledge and belief, true and correct.

I the undersigned do hereby confirm and acknowledge the terms and conditions for the submission of a claim under the Policy Contract No. B019317XC7923F03Z, issued by Lloyd's of London.

Signature:

Name:

Date:

Please return by fax or email to the following:

0861 SATIB 4U (72842 48)

or

jrawdon@satib.co.za