

Major Medical Vet Fees 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: _____

Vet Fees Sum Insured: _____ Period of Insurance: _____

Date of Purchase: _____

1. Name of Animal: _____ Age and Sex: _____

Sire: _____ Dam: _____

Use: _____ Breed: _____

Brand: _____ Microchip Number: _____

2. What was the animal doing when it became ill or injured? (if known):

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

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

5. What treatment was given before the arrival of the Veterinarian?

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

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

Veterinarian's Name: _____

Veterinarian's Address: _____

What subsequent visits were made?

Is treatment complete or still ongoing?

Has the animal made a complete recovery? Yes No

Claim Advice

8. 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:

9. Have any other animals in your ownership died in the last twelve months? Please specify where injured or not:

10. Are you the sole owner? Yes No

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

Name:

Address:

Is there now, or has there ever been any mortgage, lien, bill of sale or any other encumbrance on the said animal whilst owned by you? Yes No

If so, give details:

11. Major Medical Vet Fees Claim: Strike out that which does not apply below. Non claimable items please refer to your policy wording

This claim is for \$ 5,000 less excess, less items non claimable or \$10,000 less excess \$1,000, less items non claimable

Other insurance(s): Mortality insurance: Sum insured: \$

12. The total sum insured covering the insured's major medical vet fees interest under this Policy (whether valid or not),

was at the time of loss \$ _____ (amount of Major Medial Claim)

13. Less amount of excess (if applicable): \$

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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