

Bloodstock/Livestock Claim Form



Policy Number	Claim Number
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Please: Read this form fully before filling it in and where possible answer all questions in CAPITALS.

Obtain, without expense to the Company, all necessary reports to support this claim AND, if the animal has died or been destroyed, a post mortem and autopsy report.

We will instruct, where necessary, our Solicitor and/or any other expert necessary for the defence of any claim and also arrange for witness statements and/or investigations.

Note:
Please complete in
BLOCK CAPITALS

A. Policyholder's Details

Name of Insured	
Postal Address	
Business/Trade or Occupation	
Home No.	Mobile No.
Email Address	

Are you in a position to recover V.A.T. on this loss? Yes No

V.A.T. Number

Please note that unless you answer this question we will assume you are registered.

B. Bloodstock/Livestock (continued overleaf)

	Dairy	Sheep	Pigs	Horses	Beef	Bulls/Rams
Stock number at date of loss						
Value at time of loss						

B. Bloodstock/Livestock (continued)

Date of Birth			
Pedigree/Breed/Thoroughbred			
Date of Purchase or Home Bred			
Price Paid			
Current Valuation			
Tag Number			
Approx. Weight			
Sex of Animal			

Date Animal died/was destroyed
 Date Time am pm

Address of loss

Give details of any previous illness or injury involving this livestock whilst in your possession

Give details of any previous treatment or medication administered to this livestock whilst in your possession

What money was recovered for the carcass? (please enclose receipts)
 Slaughter Value Government Compensation Amount

If animal was slaughtered, date of slaughter:

Have you received Bloodstock/Livestock insurance claim payments before? Yes No
 If YES, give details below:

Company			
Date			
Amount			
Animal Identification			
Cause of Loss			

Was the livestock, now the subject of this claim, insured elsewhere? Yes No
 If YES, give details below:

Name

Address

Interest in claim

B. Bloodstock/Livestock (continued)

Has any other person/company any financial interest in this livestock? Yes No
If YES, give details below:

Name
Address
Interest

Date Vet First Attended	<input type="text"/>						
Date Vet Last Attended	<input type="text"/>						

Name of Attending Vet
Vet Practice Address
Phone No.
Prognosis Details (enclose report)
Vet and Knackery Disposal Costs

Please tick the appropriate box below:

Animal Died	<input type="radio"/>	or	Animal Was Destroyed	<input type="radio"/>
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Data Protection

Zurich Insurance Europe AG ('Zurich', 'we', 'our', 'us') will hold your details in accordance with our Privacy Statement together with all applicable data protection laws and principles.

The information you supply to us, including personal data ("Data") as part of this claim is required by us to handle your claim, prevent and detect fraud as well as generally take any steps in order to fulfil our contract with you and comply with our legal obligations.

We may also obtain information about you from third parties such as your broker (if you have engaged with us through one), claims service providers (including private investigators) and insurance industry and government bodies for the purposes described above. In addition, we may check your details with fraud prevention agencies, as well as against industry databases such as InsuranceLink (for more information see below).

To assist us in handling your claim and prevent/detect fraud, we may share your data (where appropriate/applicable) as follows:

- With business partners, suppliers, sub-contractors and agents with whom we work and/or engage (including, but not limited to legal firms, medical professionals, private investigators, third-party claim administrators and outsourced service providers).
- With other companies in the Zurich Insurance Group ("the Group"), partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA'). Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and pursuant to appropriate safeguards.
- With other insurers and/or their agents.
- With any intermediary or third party acting for you.
- In order to comply with our legal obligations, a Court Order or to cooperate with State and regulatory bodies (such as the Central Bank of Ireland), as well as with relevant government departments and agencies (including law enforcement agencies).

In addition, information about claims (whether by our customers or third parties) is collected by us when a claim is made under a policy and placed on the insurance industry claims database known as InsuranceLink, maintained by Insurance Ireland. This information may be shared with other insurance companies, self-insurers or statutory authorities. The purpose of InsuranceLink is to protect customers by helping insurers identify incorrect information and fraudulent claims. Under data protection legislation you have a right to know what information about you and your previous claims is held on InsuranceLink. If you wish to exercise this right, then please contact us at the address below.

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or legally permitted. Please see our Data Retention Policy at www.zurich.ie/privacy-policy.

Privacy Statement

For further information please see our Privacy Statement which is available online at www.zurich.ie/privacy-statement.

If you have any questions about your data, you can contact our Data Protection Officer, using the contact details below.

- Zurich Customer Services on 053 915 7775
- dataprotectionofficer@zurich.com
- Data Protection Officer, Zurich Insurance Europe AG, FREEPOST, PO Box 78, Wexford, Ireland.

Declaration

I declare that, as far as I know, the information I have given is true. I authorise you, and any solicitor you appoint, to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

I understand that Zurich may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature: _____

Date: _____