

AXA Mansard Insurance plc
Santa Clara Court,
Plot 1412, Ahmadu Bello Way,
P.M.B. Box 80015, Adeola Odeku,
Victoria Island, Lagos

Agro Insurance Claims Form

Instruction:

*Please read fully prior to answering questions, all of which must be answered in full.

*Kindly obtain, without expense to Underwriters, all necessary veterinary reports to support this claim, and, if the animal has died, or been destroyed, a post mortem and autopsy report.

Insured Name:	
Address:	
Policy Number	Telephone Number(s):
Email Address:	Date of last payment of Premium:
Farm Location:	
Planting Season:	Total Sum Insured:
Location of claim/damage	Period of insurance
Has any other person or company any financial interest on this farm? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "yes" please give	
Name	
Address	
Nature of Interest	
Type of Claim	
Date and time of Loss	
Location of Claim	
Description of Property Involved:	

FARM BUILDINGS & CONTENTS

Value of Items in the Premises at the time of loss:

Give full Description of circumstances of Loss/Damage (you can add

Description of the property for Which this claim is	Cost price	Amount claimed

PLANT & MACHINERY ALL RISKSDESCRIPTION OF LOSS/DAMAGE

Type Of Claim:
Location of Claim
Date and time of Occurrence:
Description of Property Involved
Description of Loss/Damage

Loss Estimates				
Description of the property for Which this claim is made	Date of purchase or Manufacture	Cost price	Deduction for age, use and wear and tear	Amount claimed
Total Estimate of Loss/Repairs				

LIVESTOCK

Type of Claim: Death <input type="checkbox"/> Theft <input type="checkbox"/> Other <input type="checkbox"/> Specify:.....	
When was the livestock/bird first seen ill?	
When was notice sent to Veterinary Surgeon?	Dates of attendance:
When first and last seen by Veterinary Surgeon?	
Name and address of Veterinarian who attended:	
Place of death and date:	
Describe Cause of death/Loss:	
Is the livestock insured elsewhere?	
Are you receiving compensation from any other source? If so, from whom?	
What steps were taken by you after the disease was noticed to prevent the same?	
Was salvage obtained from the carcass, if so please enter amount and receipt	

Bird Details

Livestock Type/Breed	Colour	Age)	Value of Prior to illness	Sum Insured (£)

Amount Claimed

Livestock Type/Breed	Colour	Number	Loss Amount (£)

<p>Was the claimed/damaged crop</p> <p>a. Subject to a share farming arrangement?</p> <p>b. insured under any other insurance policy?</p> <p>c. do you have on farm storage/how much?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If no, please state name(s) and address(s) of all other parties and their interest in the crop.....</i> </p>
<p>What steps have been taken to recover the lost crop or minimise damage to the crop?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>Describe as fully as possible the circumstances and cause of the claim/damage.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>How was the claim/damage discovered?</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>If there was suspicion of third party influence, were the Police notified?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>i. date of report</p> <p>ii. approx. time of report:</p> <p>iii. Name of Police Station:</p>

<p>Has any crop been recovered /salvaged?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If yes, please give details).....</i> </p>
<p>Was any other party responsible for the claim/damage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If yes, please give details).....</i> </p>
<p>Has anyone been charged for the claim/damage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>(If yes, please give details).....</i> </p>

Statement of Claim

Description of Crop lost, damaged, destroyed	Block/Field No.	Block/Field hectares	Hectares/Acres damaged	Level of Damage*

** Please indicate level of damage as follows: Low = L; Medium = M; High = H and Please provide a map of the property, indicating which area(s) have been damaged*

Amount Claimed

Covered Crop	Covered Production - tons	Actual Production - tons	Shortfall in Production - tons	Claim –Shortfall (₹)
Total				

AQUACULTURE INSURANCE

Value of Items in the Premises at the time of loss:
Give full Description of circumstances of Loss/Damage (you attach additional sheets if necessary)

When was notice sent to Veterinarian?	Dates of attendance:
When first and last seen by Veterinarian	
Name and address of Veterinarian who attended:	

Specie	No. of Loss	Loss Amount (₹)

Declaration

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

Name.....

Signature Date:.....

Note: The Company does not admit Liability by the issue of this form.