

Broker details - internal use

Date of Claim Notification

Lycetts Claims Handler

Lycetts Ref

Client Details

Client Name

Client Address

Postcode

VAT Registered

Yes No

Business Description/
Occupation(s)

Policy Number

Client Contact Name

Contact Details

Telephone

Email

Loss Details

Date of loss/injury or Date
Animal(s) first became ill

Date animal(s) was
first seen by the
Veterinary Surgeon

Name & address of the
Veterinary surgeon

Postcode

Date of slaughter or death

Loss Details

Full details as to the cause of Death

If accidental death, please state how and where this occurred and if on own premises

If straying, state from where escaped from

Where escaped to

Police Details

Name of Constabulary

PC in attendance Number

Incident Ref

Animal Details

Type of animal

Name/Tag no.

Breed

Age

Weight in kilos

Sex

Principle use since purchase

Market Value

If fatal injury, amount obtained for salvage of carcass & provide a copy of salvage receipt

Have any veterinary fees been incurred
Yes No
if Yes, please provide a copy of the veterinary invoice

If claim is for death, please provide (at your own expense) an Auctioneers valuation, copy Veterinary report and Disposal invoice

Livestock Declaration

Please state the number and approximate average value of animals on your premises

Type	Number of animals on premises	Average value any one animal £	Total estimated value £
Bulls			
Beef cattle – Bred for market			
Dairy Cattle			
Rams			
Sheep			
Lambs			
Lambs – Bred for market			
Pigs			
Pigs – Bred for market			
Poultry			
Working dogs			
Total £			

Additional Information**Lycetts Internal Use**

Insurance Company							
Policy Type							
Policy No.							
Renewal Date							
Schedule Page							
Policy Excess							
Sum Insured	£	Bulls		Dairy Cattle		Beef Cattle	
Note additional BI SI for animals reared for market		Rams		Sheep		Lambs	
		Lambs (market)		Pigs		Pigs (market)	
		Working Dogs		Poultry			

DECLARATION

I/We understand that my Insurer will handle this claim on my/our behalf and that I/We give our consent to the claim being handled on this basis. I/We understand that by providing untrue information resulting in a fraudulent claim is a criminal offence likely to lead to prosecution. I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect. I/We confirm no amount claimed has been refunded from any other source.

Print name

If not the policyholder, please state your relationship to them

Signed

Date

Data Privacy Notice

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

To provide insurance related services we will need to share the personal data collected with your Insurance company, their service providers and professional advisors and loss adjusters.

For further information on how your personal data is used and your rights in relation to your personal data please refer to our privacy policy at www.lycetts.co.uk/privacy-policy/ and our Terms of Business Agreement.

When you have completed the form please save it and email it to ukclaims@lycetts.co.uk