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BLOODSTOCK CLAIM FORM

This form is intended for BLOODSTOCK type claims. The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.

	(TO BE COM) The issue of this form is not an a	PLETED AND SIGNED BY CLAIMANT) cknowledgement of any liability by the Insurance Company		
	DETAILS OF THE	NSURED ("YOU") & INSURER REFERENCE		
INSURED)			
POSTAL ADDRESS		OFFICE: FAX:		
		HOME:		
		CELL:		
OCCUPATION		E-MAIL		
INSURER		POLICY NO		
		PARTICULARS OF CLAIM		
NAME		AGE		
L				
BREED		USE		
AMOUNT CLAIMED		AMOUNT RECEIVED FOR SALVAGE (ENCLOSE VOUCHER)		
IS THE ANIMAL INSURED ELSEWHERE?		YES NO IF YES, PROVIDE DETAIL		
ARE YOU RECEIVING COMPENSATION FROM ANY OTHER SOURCE?		YES NO IF YES, PROVIDE DETAIL		
		PETAILS OF VETENERIAN		
NAME		CONTACT NUMBER		
ADDRESS				

DECLARATION

I/WE WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM. I/WE AGREE THAT, IF ANY OF THE ABOVE ANSWERS OR PART THEREOF, ARE UNTRUE, MY/OUR CLAIM OR COMPENSATION SHALL BE FORFEITED AND THE CONTRACT OF INSURANCE SHALL BE NULL AND VOID.			
SIGNATURE: Insured / Broker / Sub-agent DATE TIME	SIGNATURE: Insured / Broker / Sub-agent	DATE	ТІМЕ