

LOSS REPORT

Name of Insured		
Address		
Farm Address		
Contact Number		
Policy Number		Period of Cover: From: _____ To: _____

1. Description of the animals for which indemnification is being required:

Type of Animal: _____ Sex: _____ Breed: _____
 Ear Tag No.: _____ Brand No. _____ Proof of Ownership: _____
 Age at time of Application: _____
 Age at the time of Death: _____

2. Purpose of the animal: _____

3. How many animals of the insured species are on your farm or in your possession today?

Animal	Number of heads	
	Bull, Stallion, Boar and Buck	Heifer, Mare, Sow and Does
Cattle		
Carabao		
Swine		
Goat		
Poultry		

4. When did the animal fall sick? _____
 What disease was involved? _____5. When did you first consult a veterinarian/Livestock Technician? _____
 Veterinarian/Livestock Technician Name and address _____
 How soon after he was called in, was he in attendance? _____
 What subsequent visits did he make? _____6. Had you already given assistance before the veterinarian?
☐ Yes ☐ No If yes, give details _____

I hereby certify that I have answered the question truthfully, I am aware that any untrue statements, or statements of which I know to be incomplete result in the loss of insurance cover, even if the insurer suffers no disadvantage thereby.

I herewith claim indemnification for ₱ _____

 Date

 Signature of Assured