

# Cornish Mutual Animal Claim Form

For office use only

Ref no. \_\_\_\_\_

Please complete the following sections and return to Cornish Mutual  
The settlement of a valid claim will be made on the basis of your Policy wording

## 1. Your details

Please fill in this section for all claims

**1.1** Your Member reference number or your Policy number

\_\_\_\_\_

**1.2** Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_

Business telephone \_\_\_\_\_

Email \_\_\_\_\_

**1.3** If the insurance is in the name of more than one person, to whom should we make any claim payment?

\_\_\_\_\_

## 2. About your claim

Please fill in this section for all claims

**2.1** Please state the date and time the incident took place

Date \_\_\_\_\_

Time \_\_\_\_\_

**2.2** Please state the date you first became aware of the incident \_\_\_\_\_

## 3. Straying

Please fill in this section if the animal(s) has been lost or injured as a result of straying, otherwise go to section 4

**3.1** State the circumstances of the straying

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.2** On whose property was the animal(s) located?

\_\_\_\_\_

**3.3** What action was taken to recover the animal(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.4** Please give details of the loss suffered

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. Theft

Please complete this section if the animal(s) has been lost as a result of theft, otherwise go to section 5

**4.1** State the circumstances of the theft

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4.2** To which police station did you report this incident?

\_\_\_\_\_

**4.3** What crime reference number have the police allocated?

\_\_\_\_\_

**4.4** Do you suspect any particular person of being responsible for the occurrence?  Yes  No

If 'Yes' please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5. Accident

Please fill in this section if the animal(s) died or was injured as a result of an accident, otherwise go to section **6**

**5.1** Place of accident \_\_\_\_\_  
\_\_\_\_\_

**5.2** State how the accident occurred  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.3** State the nature of the injury  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.4** Do you suspect any particular person of being responsible for the accident?  Yes  No  
if 'Yes' please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5.5** For what use was the animal kept?  
\_\_\_\_\_

**5.6** What was the animal being used for, or doing at the time of the accident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Illness

Please complete this section if the animal(s) has suffered illness or if a bull has failed to perform as required, otherwise go to section **7**

**6.1** State nature of illness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6.2** Date of commencement of illness or failure to perform  
\_\_\_\_\_

**6.3** Date when a Veterinary Surgeon was first consulted  
\_\_\_\_\_

## 7. Veterinary Fees

Please complete this section if you are claiming for Veterinary Surgeon fees, otherwise go to section **8**

**7.1** Name and address of Veterinary Surgeon who provided treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7.2** Dates of treatment \_\_\_\_\_

## 8. Previous illness or injury

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8.1 Please provide details of the animal(s) previous illness or injury

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## 9. Details of animal(s)

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9.1 Please provide details on each animal being claimed for

Name	Breed	Sex	Colour	Age (in years/months)	Value	Amount claimed

9.3 For death claims state any amount received for the skin or carcass of the animals – please enclose receipt. \_\_\_\_\_

9.4 State any amount incurred for the disposal of the animal(s) – please enclose receipt. \_\_\_\_\_

## 10. Your declaration

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I/We declare that the statements made are true to the best of my/our knowledge and belief.

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS). The aim is to help insurers to check the information provided and also to prevent fraudulent claims. When you provide information about an incident which may or may not give rise to a claim, information relating to that incident may be passed to the register.

I/we understand that you may seek information from other insurers to check the answers I/we have provided are correct.

Signature of Policyholder(s) \_\_\_\_\_

Position held (if company or partnership) \_\_\_\_\_ Date \_\_\_\_\_

**Please detach this form from the 'how to complete your claim form' details and return it with any supporting paperwork to the Claims Department, Cornish Mutual, CMA House, Newham Road, Newham, Truro, TR1 2SU.**



The Cornish Mutual Assurance Co Ltd  
Registered office: CMA House, Newham Road,  
Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)  
Tel 01872 277151  
Fax 01872 263032  
Email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

This claim form is liable to alteration from time to time January 2012 – cancelling all previous issues. To help us improve our service, calls to our office may be recorded and monitored

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## Important information

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### Police notification

It is important that you **notify the police immediately** in the case of any loss or damage involving theft or malicious injury.

### Our commitment to you

As a Mutual organisation we are Member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly and settled promptly and ensure that our Members are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim in five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please contact the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151** Fax: **01872 263032** or email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

## The items you are claiming for

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For your records please fill in the details of your claim in the boxes below. Please detach this section and keep it for your reference/records.

Please list each animal being claimed for:

Animal	Amount claimed

Claim details

**Please detach this section and keep for your records**

## How to complete this claim form

**Please read this section and the important information overleaf, detach and keep for your records.**

Before completing your claim form please take a moment to read through the information below.

It is important that you do not delay returning your claim form as failure to do so could adversely affect the claim process.

If you have any other information or documentation relevant to the incident please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your Policy number on all correspondence and or Cornish Mutual's Claim Reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number or your Policy number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact the Claims Department tel **01872 277151**, fax **01872 263032** or email **claims@cornishmutual.co.uk**.

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure that we have acknowledged receipt of your email and contact the Claims Department on the numbers above if an acknowledgement is not received.

**Please read this section and the important information overleaf, detach and keep for your records.**

## How to return this claim form

When you have completed this claim form please attach any supporting information and send it to the

Claims Department,  
Cornish Mutual,  
CMA House,  
Newham Road,  
Newham,  
Truro, TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd

Registered office: CMA House, Newham Road,

Newham, Truro TR1 2SU. [www.cornishmutual.co.uk](http://www.cornishmutual.co.uk)

Tel 01872 277151

Fax 01872 263032

Email [claims@cornishmutual.co.uk](mailto:claims@cornishmutual.co.uk)

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