

# Tuberculosis Reactor Insurance 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 Policy number

\_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

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

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

Email \_\_\_\_\_

Nature of Trade or Business \_\_\_\_\_

\_\_\_\_\_

Are you registered for VAT?  Yes  No

## 2. Your authorisation

I/we \_\_\_\_\_

of \_\_\_\_\_

do hereby authorise the Department for Environment Food and Rural Affairs (DEFRA) to disclose to the Cornish Mutual Assurance Co. Ltd. CMA House, Newham Road, Truro. TR1 2SU, the number of animals tested on the undermentioned occasion and the number of animals which on reacting to the test, were surrendered to DEFRA, or were 'Doubtful' or were three times inconclusive. I further authorise DEFRA to indicate whether at the test previous to that indicated, any animal was recorded as being 'Doubtful or Inconclusive'.

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

Commencing date of test \_\_\_\_\_

DEFRA's file reference number \_\_\_\_\_

Policyholder's signature \_\_\_\_\_

Date \_\_\_\_\_

## 3. Certificate for completion by DEFRA

I certify that according to DEFRA's records cattle belonging to the Policyholder were tuberculin tested on the undermentioned date and that the number indicated were as a result disclosed as reactors, or slaughtered as dangerous contacts or three times inconclusive.

Date of tuberculin test \_\_\_\_\_

Nature of test (routine herd, 60 day, 6 months, 'special')

\_\_\_\_\_

Number of animals tested \_\_\_\_\_

Number of reactors \_\_\_\_\_

Number of dangerous contacts \_\_\_\_\_

Number of three times inconclusive \_\_\_\_\_

Date of previous test \_\_\_\_\_

Type of test \_\_\_\_\_

Number of animals tested then \_\_\_\_\_

Number of animals Doubtful or Inconclusive then \_\_\_\_\_

\_\_\_\_\_



# How to complete this claim form

**Please read this section and keep it 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 affect the claim process.

If you have information to support your claim 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.

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 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)

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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# 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 customers 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 write to the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU,  
Tel: **01872 277151** Fax: **01872 263032**  
or email **claims@cornishmutual.co.uk**

Please use this box to make notes for your own records

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



**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

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