
FARMER'S PACKAGE POLICY (RETAIL)
CLAIM FORM - ANIMAL DRIVEN CART INSURANCE

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDl.

A. The Insured

Name _____
Address _____
Tel No. Office _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ to _____

C. Cart Details

Make: Wooden Steel

Identification of cart: _____

Type of Animal used to pull the cart at the time of accident: _____

Is the animal injured in accident? What type of injury _____

E. Accident Details:

Type of Loss: Own Damage Third Party Theft Death

Who do you consider responsible for the loss/accident and why?

Was your vehicle towed from the accident scene? If yes, by whom?

Estimate of repairs: _____

F. Third Party Details:

Was there an injury to third party?

Was there any damage to third party damage?