

# **FARMER'S PACKAGE POLICY (RETAIL)**

## **Claim Form - Animal Driven Cart Insurance**



**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?