

**NO POST MORTEM =NO CLAIM**  
**NO CARCASS = NO CLAIM**  
**A POST MORTEM MUST BE OBTAINED FROM**  
**ONDERSTEPSPOORT IF THE CLAIM AMOUNT EQUALS OR**  
**EXCEEDS R500,000.00**

### **A) IN THE EVENT OF A CLAIM THE INSURED SHALL, AT THEIR OWN EXPENSE: (GENERAL)**

1. Immediately after the animal is found dead arrange for the carcass of the animal(s) to be kept in cold storage and **within 48 hours** following the death of the insured animal give notice by telephone, fax or email to AnimalSure and provide full details of the event that occurred. The onus rests on the Insured to notify AnimalSure, and to confirm that the information was received. The contact details are as follow:

Telephone number: (021) 556 4936  
Fax Number: 086 576 6111  
E-mail: [lizette@animalsure.co.za](mailto:lizette@animalsure.co.za)

The procedure is as follows:

1. In the case of a claim in the amount of less than five hundred thousand rand (<R500,000) immediately arrange for a **qualified wildlife veterinary surgeon or pathologist** to conduct a complete post mortem of the insured animal as outlined in "Standard necropsy technique and sample collection guideline" attached hereto. In summary the **wildlife veterinary surgeon/pathologist** must collect appropriate specimens for e.g. Histopathology, bacteriology, Toxicology and DNA confirmation and submit the samples to accredited Laboratories to confirm the diagnosis. DNA sampling is required for animals insured for five hundred thousand rand or more (>=R500,000). Irrespective of the cause of death, the minimum material required includes samples from various organs e.g. liver, kidney, spleen, lung, gastrointestinal tract and brain collected in 10% buffered formalin for examination by a veterinary pathologist. A complete history, photos of the carcass and most important lesions must accompany the **Pathology request form**.
2. The insured must arrange for the carcass of the animal to be kept in a cold storage until such time as AnimalSure agrees that the carcass can be disposed of, or appropriate directions are provided in writing by AnimalSure in respect of such disposal.
3. AnimalSure reserves the right to request another post mortem (second opinion) if deemed necessary and in such circumstances will specify the veterinary surgeon or pathologist that should perform the post mortem. Furthermore, AnimalSure reserves the right to transport the carcass to the Onderstepoort Veterinary Faculty, Pathology Section for further investigation.

4. In the event of a claim in the amount of five hundred thousand rand or more (>=R500,000), immediately arrange for a **pathologist** to conduct a complete post mortem on the insured animal. AnimalSure will provide the insured with the contact details of available pathologists. AnimalSure reserves the right to request the assistance of a forensic investigating officer to assist with the investigation if deemed necessary. The insured must arrange for the carcass of the animal to be kept in cold storage until such time as AnimalSure agrees that the carcass can be disposed of, or appropriate directions are submitted in writing by AnimalSure to request such disposal.

### **B) FAILURE BY THE INSURED TO COMPLY WITH THE ABOVE WILL IMMEDIATELY RENDER THE CLAIM NULL AND VOID AND RELEASE THE INSURER FROM ALL LIABILITY IN CONNECTION THEREWITH.**

1. No claim shall be payable after the expiry date of this insurance as stated on the Cover Note & Invoice.
2. Where a dispute arises as to the cause of death, the onus of proof rests with the insured.

### **C) DOCUMENTS TO BE SENT TO ANIMALSURE IN THE EVENT OF A CLAIM: (GENERAL)**

Please attach all the required documentation as stipulated below:

1. Completed claim form by the Insured
2. Post mortem report – See D Below (Standard necropsy technique and sample collection- guideline for Wildlife Veterinarians)
3. Blood smear sample
4. Photos of the carcass
5. Confirmation of microchip or tag number
6. Original veterinary certificate of health and microchip or tag numbers
  - i) If an animal is not uniquely identified or not noted on the agreed animal register it will not be covered under the terms of this policy.
  - ii) No carcass is allowed to be destroyed without the written permission of the Insurer. If the carcass is destroyed without permission it will render the claim null and void.
  - iii) Insured value: In the event of a claim, the value of the animal will be determined as the lesser of the replacement value or the agreed value.
7. Purchase Invoice
8. Proof of payment of the premium in terms of the invoice issued under the specific policy.

### D) STANDARD NECROPSY TECHNIQUE AND SAMPLE COLLECTION

#### NECROPSY TECHNIQUES

##### EXTERNAL EXAMINATION

No necropsy may be commenced unless a blood smear has been prepared and examined, in particular to exclude the possibility of anthrax and the presence of blood parasites.

Take note of the history (and the clinical diagnosis) in order to avoid performing a post mortem on an animal suffering from rabies.

1. Identification: The animal's age, chip number or other form of identification must be determined and recorded and it should be identified in such a way that it can not be questioned in a court of law.
2. Body Condition: It should be classified as obese, very good, good, poor, very poor (emaciated or cachectic).
3. Post Mortem Changes: It should be classified as mild, moderate or severe.
4. Natural Body Openings: Examine the ears, nose, mouth, anus, genitalia and the entire surface of the skin for any lesions or the presence of external parasites.

##### OPENING THE ANIMAL

Various techniques are in use. Individual variations may be developed for a specific necropsy.

Always use appropriate instruments. Knives, axes and saws should be sturdy and sharp.

When microbiological and toxicological specimens are required they should be obtained as early as possible during the necropsy. The history should be taken into consideration, and the decision to collect these specimens should preferably be taken before the commencement of the examination.

- ❖ Animals must be placed on their right-hand side. The prosector usually stands on the abdominal side of the carcass to be examined. **All animals must be skinned completely.**
- ❖ After skinning, examination of the subcutaneous tissue, and removal of the superficial lymph nodes, the left front and left hind legs are cut from their attachments to the body and reflected (the visceral lymph nodes should be examined on opening the carcass and during removal of the organs).
- ❖ Thereafter, make an incision along the ventral midline from the sternum to the rim of the pelvis. The incision should extend from the pelvic inlet to the vertebral column (to run as close to the cranial aspect of the hind leg as possible) and then cranially along the vertebral column towards, and as far as, the last rib.

The flap of the abdominal muscle must now be reflected so that the topography of the abdominal organs can be examined and the presence of abnormal abdominal content assessed. The volume of abnormal fluids (such as ascites etc.) should be measured fairly accurately.

- ❖ Now pierce the diaphragm with a sharp knife to assess the extent of thoracic negative pressure. Before being pierced a normal diaphragm is concave and taut. Observe the release of the thoracic negative pressure, which should cause collapse of the diaphragm and lungs.

##### THE RIB CAGE

- ❖ Cut the ribs with a pair of bone scissors or pruning shears, cleaver or saw, depending on the size of the animal. Cut the muscles and diaphragm away from the ribs. It is now easier to cut through the ribs.
- ❖ After cutting through the ribs of the left thoracic wall, close to the vertebral column, and through the sternum, the thoracic cavity is exposed and the thoracic wall removed completely. At this stage inspect the topography of the various organs and determine the presence of lesions.

NB. Specimens for microbiology should also be collected aseptically at this stage (with sterile instruments and containers). If these specimens cannot be submitted immediately, they should be stored in the fridge (not freezer) until they can be dispatched.

NB. Before removing any of the organs from the thoracic or abdominal cavity certain structures should be examined, since they are difficult to find and to examine once the organs have been removed. These include the aorta (thoracic and abdominal), pericardial sac, ureters, gall bladder, left adrenal and pancreas.

##### THE AORTA

- ❖ With a sharp pair of scissors or a knife, cut into the thoracic aorta at the base of the heart and longitudinally open the aorta from the heart to the iliac bifurcation.

##### THE PERICARDIAL SAC

- ❖ Cut open the cavity and inspect its contents. Under normal circumstances there should only be a small amount of clear, watery, pale, yellowish-brown fluid.

##### THE URETERS

- ❖ These should be examined for the presence of patency, dilatation and the presence of exudate of uroliths.

##### THE GALL BLADDER AND BILE DUCT

- ❖ Particularly in the icteric carcasses, open the duodenum and apply pressure to the gall bladder to ascertain the patency of the bile duct. A free flow of bile into the lumen of the duodenum should be observed. In cases where the intestinal tract must be examined for the presence and number of internal parasites through the common bile duct when pressure is applied to the gall bladder.

### THE PANCREAS

- ❖ The pancreas is best inspected prior to the removal of the intestinal tract. Follow the organ along the duodenum and observe its entire surface and main duct. Also make incisions into the body of the pancreas (either across or length-wise).

### URINE SPECIMENS

- ❖ Urine specimens are best obtained with the aid of a clean needle and syringe. The use of dip-sticks (taking into account the time since death) gives an adequate indication of the more common parameters.

NB. After these structures have been examined, remove the abdominal organs in the order in which they are dealt with in the following text. The organs may be examined immediately after they have been removed, or they may be put aside in a cool place for examination at a later stage. Those organs that undergo rapid autolysis, such as the adrenals and the intestinal tract must, however, be examined immediately. Specimens for histopathology should also be collected from these organs as soon as possible.

The sequence, in which the gastro-intestinal tract is removed, varies according to the species dealt with:

In ruminants, separate the small and large intestine from the abomasum. Remove the intestines only after the fore-stomachs have been removed.

In horses, the small and large intestine is removed first, where after the stomach is removed.

In the small monogastrics, the stomach and entire intestinal tract may be removed *in toto*.

### THE SPLEEN

- ❖ Cut the spleen free from the rumen or the omental attachment with a sharp knife. The organ should be palpated thoroughly for the presence of lesions (they usually cause a localized increased consistency); abnormality in size, and the edges should be inspected for sharpness. It must then be incised at regular intervals (cutting across the organ) to expose parenchyma, which should be carefully examined. When an enlargement of any nature is detected, the cause should be determined. When recording that an increase in size has been detected, just stating that there was an enlarged spleen is inadequate.

### THE FORESTOMACHS

- ❖ After tying double ligatures in the distal oesophagus, close to the cardia, and distal to the pylorus, remove the organs by cutting between the ligatures. The fore-stomachs are removed by simple traction and cutting them away with a knife.
- ❖ All the compartments of the fore-stomachs should be examined carefully. After the serosal surface and the lymph nodes have been examined, inspect the mucosa and the contents of the rumen, reticulum, omasum and abomasum by opening the organs along their great curvature. The contents should be examined

carefully and the rumen pH determined. After removal of the contents, the inside of the organs may be rinsed to facilitate examination of the epithelium. When indicated, rumen contents should also be collected at this stage for the determination of toxins, pH and the assessment of the activity of the ruminal flora.

### THE INTESTINAL TRACT

- ❖ After examination of the mesenteric vessels for the presence of parasites and the rest of the mesentery (including lymph nodes) for the presence of any other lesion, it should be cut from the intestine as close to the intestinal wall as possible to facilitate opening the intestine along its entire length. A pair of blunt or special gut scissors is required for opening the small and large intestine.
- ❖ After removal of the pancreas and cutting away the mesentery, place the intestinal tract on a table and open it along its entire length. The entire mucosal surface must be inspected for the presence of lesions or internal parasites.
- ❖ Do not forget to examine the terminal portion of the colon, the rectum and anus that should be removed from the pelvic canal together with the bladder and the intra-pelvic reproductive organs.
- ❖ NB. Do not wash or scrape the intestinal contents from the surface of the mucosa if it is intended for histopathology. These procedures remove most of the epithelium from the mucosa rendering it useless for histopathological examination. When necessary, the contents of the intestinal tract can be washed off by agitating the specimen in 10% buffered formalin.

### THE KIDNEY AND ADRENALS

- ❖ The kidneys and adrenals should be removed together. The left kidney is easily removed by cutting it loose with a sharp knife. Be sure to include the adrenal in this dissection. The right kidney and adrenal are tightly attached to the liver and should be removed together with the liver at a later stage.
- ❖ First examine the kidneys symmetrically and then strip the fat. After further examination of the outside of the kidney, it is placed on a flat surface and cut along its long axis with a sharp knife to expose as much of the cortex, medulla and the pelvis as possible. After inspecting the cut surface carefully, strip the capsule of the kidney using a forceps or the point of a knife. Assess the consistency of the kidney as described for the liver.
- ❖ Both kidneys must be examined.

### THE ADRENALS

- ❖ Strip the fat capsule from the adrenal. Then carefully inspect the external surface where after cross-wise incisions must be made in both adrenals to expose as much of the parenchyma of the adrenal as possible for inspection.

### THE LIVER

- ❖ Cut the liver, together with the right kidney and adrenal, away from the diaphragm with a sharp knife. After separating the kidney and the liver, inspect the liver. First examine the capsular surface, attachment of the gall bladder and the main bile ducts.

Then place the liver on a table with its diaphragmatic surface undermost. With a sharp knife make a number of incisions across the large bile ducts and into the parenchyma (make incisions in all lobes of the liver). After cutting into the liver, slight pressure should be applied to the capsular surface so as to express any parasites that may be within the bile ducts (such as *Fasciola* and *Stilezia* spp). All focal lesions should be inspected and incised. Crush a 1 cm thick strip of the liver with your fingers to assess the consistency of the organ. Specimens should be excised for histopathological examination, as required.

### THE DIAPHRAGM

- ❖ Cut the diaphragm completely away from the rib cage. It is best inspected by holding it against the light which will assist in detecting lesions that may be present. Also cut into the muscular portions of the diaphragm and inspect the cut surfaces carefully.

### THE TONGUE, OESOPHAGUS, HEART AND LUNGS

- ❖ These organs are removed together unless the animal's head was severed prior to the necropsy. It is best to use a very sharp knife and to start with the removal from the mandible backwards. Make two longitudinal incisions along the inner borders of the mandible and extract the tongue through one of these incisions. After cutting through the hyoid bones remove the trachea, oesophagus and the lungs. Removal of these organs is assisted by cutting along the dorsal border of the organs close to the vertebral column.

### THE OESOPHAGUS

- ❖ Inspect the oesophagus after opening it longitudinally with a sharp pair of scissors (starting from the pharynx). After it has been inspected, cut it away completely to allow inspection of the trachea, thyroid and parathyroid glands.

### THE TONGUE

- ❖ After inspecting the epithelium of the tongue, make a number of incisions into the muscle (across or longitudinally). In all cases carefully inspect the incisions – do not only go through the motions to satisfy the requirements of the prescribed technique.

### THE PHARYNX, LARYNX, AND TRACHEA

- ❖ Open the pharynx with a pair of scissors and inspect the epithelium and the tonsillar tissue. Thereafter cut open the larynx with a sharp pair of scissors (in large animals it may be necessary to use bone forceps since ossification may occur in the laryngeal cartilages). Also open the entire length of the trachea and the extrapulmonary bronchi.

### THE THYROIDS AND PARATHYROIDS

- ❖ At this stage remove the thyroids and parathyroids. Inspect their outer surfaces and then make a number of incisions to expose the parenchyma for examination.

### THE HEART

- ❖ Inspect the heart next. After cutting the pericardium away, sever the large vessels (as far away from the heart as possible) with a knife of large pair of scissors.

- ❖ The heart must always be opened to expose the chambers and valves for careful examination. Always open the heart in a standardized way that should, in time become second nature.
- ❖ Commence opening the heart from its right side. In small animals it may be held in the hand, whereas in large animals it should be placed on a table. Using a pair of scissors make the first incision into the large veins (posterior and anterior vena cava) and cut across the atrium to expose the endocardium. At this stage remove the post mortal blood clot that will be present.
- ❖ Assess the patency of the tricuspid valve. After this has been done, make an incision (using a pair of scissors) through the AV valve and along the right longitudinal groove. This incision should extend along the groove to the apex and up the left longitudinal groove right up to the base of the pulmonary artery. Also open the pulmonary artery. After inspecting the valves (AV and pulmonary), chordae tendinea and the endocardium, open the left side of the heart. To open the left heart, cut down the middle of the outer wall of the ventricle. The cut should be opened and its inside, valves and the orifices of the coronary vessels examined. Unless indicated, it is not required to open the coronary vessels. After careful inspection of all the aspects of the heart, make longitudinal incisions in the left and right ventricular walls and into the septum. These cuts should particularly include the papillary muscles, where many myocardial lesions are localized.

### THE LUNGS

- ❖ Examine the lungs now. Before making incisions, palpate both lungs carefully for the presence of abnormalities (changes in consistency; focal or multifocal lesions). After opening the bronchi as far as possible (using a pair of scissors), inspect their content and inner surface carefully.

### THE HEAD AND BRAIN

- ❖ After severing the head from the vertebral column (by cutting through the atlanto-occipital joint), remove the brain in the following way: skin the head and cut the temporal and other muscles away from the cranium. Clamp one ramus of the mandible in a vise. Use a sharp butcher's saw to open the cranium as demonstrated in the teaching video.

### The following should be kept in mind:

- 1) Cuts at the back should be into the lateral aspects of the foramen magnum.
- 2) When sawing on the side of the cranium, the saw should be held perpendicular to the inside of the skull to ensure that the cut will be through the bones. After the cuts have been made and the bone removed, the dura matter will usually still cover the cerebrum and the cerebellum. This must be cut away with a sharp pair of scissors after the venous sinuses have been inspected. After cutting through the dura, inspect the surface carefully for the presence of fluid, symmetry and exudate. To remove the brain from the cranial cavity, start from the front and



cut the olfactory lobes and the cranial nerves either with a small knife or a pair of scissors. The cerebrum, cerebellum and the medulla oblongata should be removed intact. Remove the brain carefully by inverting the head and cutting through the various nerve roots; the hypophysis can be removed with the brain using this technique. Now saw through the head longitudinally and examine the teeth, palate, tonsils, salivary glands, and the nasal cavity. Cut away the nasal septum to allow inspection of the turbinates and sinuses.

- 3) NB. If there is an indication from the history that there may be lesions in the central nervous system, the brain and spinal cord should be fixed *in toto* in 10% buffered formalin for a period of 24-48 hours prior to being sectioned. Handle the brain very carefully and as little as possible as artefacts are easily induced, making histopathological interpretation difficult. When cutting the brain, a sharp knife is used to cut across in thin slices of not more than 4 mm thick. In this way, the entire brain can be examined satisfactorily for the presence of localized lesions and symmetry.
- ❖ In ruminants, always prepare a brain smear from the hippocampus to exclude/conform the presence of *Ehrlichia ruminantium*. To locate the hippocampus, make an incision into the lateral ventricles of the brain at the junction of the middle and the posterior third of the cerebrum. This exposes the hippocampus.

#### THE HYPOPHYSIS

- ❖ At this stage the hypophysis should be removed from the hypophyseal fossa. This organ is easily damaged and should be removed with the necessary care after cutting through the diaphragm cellae that covers it in some species. The hypophysis should be fixed *in toto* and sectioned after being fixed in formalin.

#### THE EYES

- ❖ The eyes are removed from the head after cuts have been made through the supra orbital process of the frontal bone. After this section of bone has been removed, the eye can easily be removed after cutting through the muscles and the optic nerve. The eyes can be removed together with the ocular nerves by chipping the bone away from the dorsum of the canal with the aid of a small bone cutter or tooth extractor. In this way one may also remove the optic chiasm intact. Eyes should not be incised prior to fixation.

#### THE THYROID

- ❖ Cut the thyroid from the tracheal surface. Cut into it to examine the parenchyma of fix it *in toto*. The parathyroids are very small and are usually embedded in the thyroid.

#### THE PELVIC ORGANS

- ❖ After sawing or cutting through the acetabular branch of the pubis and the shaft of the ischium on both sides of the symphysis pubis, the portion of bone thus isolated is removed to expose the pelvic organs. The pelvis may be forced open where

after the pelvic organs are cut from the sides and roof of the pelvic cavity with a sharp knife.

- ❖ All the organs must be opened to expose their lumen. Remember to examine the entire reproductive tract, including the accessory organs.

#### THE SPINAL CORD

- ❖ In all the animal species, the vertebral column should be opened with the aid of a heavy knife or cleaver (depending on the size of the animal). Both the instruments mentioned should be sharp in order to assist in what may be a fairly sweaty operation. After cutting the muscle away from the bone, and with the animal still lying on its right side, the vertebrae are split from the pelvis to the atlas. If the history indicates the likelihood of lesions, the cord should be fixed *in toto*, as for the brain, and examined by multiple sections – through each segment if necessary. In all such cases sections from the cord should be examined histologically.

#### THE JOINTS

- ❖ The large joints should be opened by cutting through the joint capsule with a knife or a pair of scissors. Also examine the joint surfaces after opening them. Depending on the history, aseptic collection of joint fluid may be required for bacterial isolation.

#### THE MUSCLES

- ❖ Incisions must be made into all the major muscles to allow examination of as much of the muscle as possible.

#### THE BONE MARROW

- ❖ Saw one of the femurs longitudinally to expose the bone marrow for examination. Examine the shaft, metaphysis, and the diaphysis if the various long bones. Where indicated, more sites should be examined. Where histological examination of the marrow is indicated, spongy bone from the proximal epiphysis provides the most representative sample of haemopoietic tissue.

#### THE GENITAL TRACT

- ❖ Examine the entire genital tract by incising the structures and opening the hollow organs.

#### Foetus

##### 1. Twisted umbilical cord

There may be one, or up to seven, twists in the umbilical cord of the normal placenta in foals without causing any problem. If there is excessive oedema, tissue tearing of the cord, fibrosis, or emaciation of the foal, or other evidence of vascular embarrassment in the cord, including urachal and bladder distension in the foal, then the twists may be of importance but if lesions aren't found, then the twists should be considered normal.

##### 2. Placental deposits

Scattered, opaque, white deposits of calcium, 1-5 mm diameter are often seen on the chorion of cows, sheep and pigs. These are considered to be normal structures and occur only during certain stages of pregnancy.

- ❖ Another common finding is the rounded, yellowish-green to white plaques often in a linear arrangement on the amnion of horses, sheep and cattle. Many are rounded and have a depressed circular-ringed centre. These are common findings but without a cause or effect. They peel off easily. Brownish-tan flat, rubbery masses (hippomanes), from 2-10 or more cm in diameter, are also found quite regularly in the allantoic fluid of horses and cows. Usually only one or two are found and when cut in half, many, but not all, have a central laminated appearance suggesting that they may have been spherical but are now collapsed. Their source is still in unknown.

### SAMPLE COLLECTION FOR FURTHER INVESTIGATIONS

In order to confirm a diagnosis, or in cases where it is not possible to make a definitive diagnosis during a necropsy (post mortem), samples must be taken for additional diagnosis tests, including histopathology and/or immunoperoxidase staining, microbiology, toxicology and mineral trace element determinations. Some general guidelines follow.

#### 1. Histopathology:

- ❖ Samples for histopathological examination, should be taken with a sharp knife and fixed in 10% buffered formalin. For adequate, rapid fixation, tissue blocks c. 2x2x0.5 cm are preferred.
- ❖ With few exceptions, the entire brain should be fixed in 10% buffered formalin if lesions are suspected to be present.
- ❖ If there are no clues as to a possible diagnosis, representative samples from a range of organs are preferred.
- ❖ The formalin should be 10 X the volume of the samples. In the case of hollow organs, such as the intestinal tract, samples should be collected before opening the organ. It is advisable to include a thin rim of normal tissue from the edge of a lesion, especially in the case of neoplastic and inflammatory conditions.

#### 2. Microbiology:

- ❖ Specimens for bacteriological and virological culture should be fresh, collected aseptically with no preservative or fixative added, and placed in separate sterile, clearly-marked, plastic containers. Swabs from exudations (e.g. pus) should be placed in transport medium. These specimens should be refrigerated first (not frozen), as 4 degrees Celsius and then sent to a laboratory packed on frozen cool packs. When a bacteremia or septicemia is suspected, a range of organ samples such as spleen, liver, lung, brain, and portions of the intestinal tract (tied off with string at both ends) should be collected. Please note that there are specific requirements when dealing with foot-and-mouth disease, African swine fever and rabies; contact the laboratory for further details.

#### 3. Toxicology:

- ❖ Organ samples, as well as feed of licks and blood, may be collected for toxicological analysis. Standard organ samples, which must be collected in clearly-marked separate containers, include stomach (ties off with string at both ends), liver and, depending on the

provisional diagnosis, skin, fat, kidney and/or brain. The size of the organ samples will vary depending on the specific test required and the number of tests requested; generally approximately 200 grams is adequate.

- ❖ The samples should be kept cool, while for some tests frozen specimens may be submitted. Contact the laboratory for further details.

#### 4. Mineral/trace elements analysis:

- ❖ Specimens required and fixative used for mineral/trace elemental analysis may vary according to the specific laboratory used. Most laboratories prefer fresh material. Contact the specific laboratory for further details.

#### Procedure Summary:

- Notice of a possible claim must be submitted in writing within forty eight (48) hours following the date of loss and forwarded to: [lizette@animalsure.co.za](mailto:lizette@animalsure.co.za).
- Complete the above Claim Form.
- Please ensure that the Claim Form is completed in full.
- Please attach all the required documentation listed in (6b) to (6g) above within 48 hours after receiving the post mortem.
- The carcass should be kept cold for possible sample testing.
- The carcass can only be destroyed on prior written permission from the Insurer.
- AnimalSure reserves the right to transport the carcass to Onderstepoort for further testing.

#### E) SETTLEMENT OF CLAIM

To settle the claim, the Agreement of Loss document must be signed by the insured and stating bank details for electronic funds transfer.

#### F) JURISDICTION

It is hereby agreed that this insurance shall be governed by the law of the Republic of South Africa whose courts shall Have jurisdiction in any dispute arising hereunder.

#### G) GENERAL

- Failure by the Insured to comply with the above may result in prejudice to AnimalSure and render the claim null and void.
- In the event of a claim being rejected, the Insured has the right to appeal.
- If the Insured shall make any claim, knowing the same to be false or fraudulent as regards to the insured animal, Amount or otherwise, this Insurance shall be null and void and all claims hereunder shall be forfeited. All premiums or payments made by the Insured will also be forfeited. Any payment made by the Insurer on behalf of the Insured, shall be repaid to the Insurer by the Insured. The Insured will be liable for costs on an attorney-and-own-client scale, in the event that legal action is instituted against the Insured by the Insurer.



### H) ARBITRATION

1. If any difference or dispute arises as to the amount of any loss or damage, the Insured must notify the Insurer in writing within three (3) days after assessment of his intent to arbitrate and nominate his Arbitrator. The Insurer will appoint an Arbitrator. Such difference shall be independent of all other questions being referred to the decision of Arbitrators. The Arbitrators must appoint an Adjudicator.
2. If parties cannot agree upon an Adjudicator within seven days, the agent through whom the insurance was placed would be asked to appoint an Adjudicator.
3. In the case of disagreement between the Arbitrators, the difference shall be referred to the decision of the Adjudicator.
4. The death of an arbitrator / adjudicator shall not revoke or affect the authority or powers of the remaining arbitrators/or adjudicator, and in such event another Arbitrator or Adjudicator shall be appointed by the party or Arbitrator who originally appointed the Arbitrator who has died.
5. The cost of reference and of the award shall be within the discretion of the Arbitrator, Arbitrators or Adjudicator making the award.
6. It is expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy, that the Award of such Arbitrator, Arbitrators or Adjudicators of the amount of the loss or damage if disputed shall first be obtained.
7. In the event of a repudiation or dispute of a claim or portion of a claim the Insured has 90 days from date of the Insurer's notification of repudiation or offer to make representations to the Insurer in respect of this repudiation or offer. If the dispute is not resolved at the end of this period then the Insured must within a further 30 days refer such dispute to arbitration in accordance with the Arbitration Act 42 of 1965 (as amended) or institute legal action by way of the service of summons against the Insurer provided that; should the Insured elect to refer the dispute to arbitration then the Insured may not institute any legal action an independent arbitrator shall be appointed by and at the cost of the Insurer. The arbitrators finding shall be final and binding on both the Insurer and the Insured.

### I) STATUTORY BODIES

1. Particulars of Short-term Insurance Ombudsman who is available to advise you in the event of claim problems that are not resolved to your satisfaction by the administrator and /or the Insurer:

Postal Address: PO Box 32334, Braamfontein, 2107  
Telephone Number: (011) 726 8900  
Fax Number: (011) 726 5501  
Website: [www.osti.co.za](http://www.osti.co.za)

### 2. Particulars of Registrar of Short-term Insurance Financial Services Board

Postal Address: PO Box 35655, Menlo Park, 0102  
Telephone Number: (012) 428 8000  
Fax Number: (012) 347 0221  
Website: [www.fsb.co.za](http://www.fsb.co.za)

### 3. Particulars of FAIS Ombudsman

Telephone Number: (012) 470 9080  
Fax Number: (012) 348 3447  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)