

Equine Claim Form

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to YOUR INSURANCE BROKER, who arranged this insurance for you. They will forward it to AIUA.

Insurance Broker Details

Name & Address

Postcode

Tel no.

Contact name

Email

To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.

Policyholder Name

Insured Person's Name

Date of Birth

Occupation(s)

Address

Postcode

Tel no.

Mobile

Please tick which Sections of the Policy you are claiming for in the box below

Section 1	Death of the horse	Section 7	Saddlery & Tack
Section 2	Theft or Straying	Section 8	Permanent Loss of Use
Section 3	Public Liability	Section 9	Stable Loss
Section 4*	Equine Legal Protection	Section 10	Loss of Entry Fees
Section 5	Personal Accident & Dental Cover	Section 11**	Equi-Veteran
Section 6	Veterinary Surgeons Fees	Section 12	Trailer & Horse Drawn Carriages

Please complete the relevant boxes on the following pages applicable to your section choices above

* Section 4 : Equine Legal Protection

Please note that cover under this section of your policy is provided by FirstAssist Insurance Services Limited on behalf of Great Lakes Reinsurance (UK) Plc -In the event of a claim, please contact directly on 020 8652 1313

** Please complete where indicated by 'Section 11' the questions overleaf for information gathering purposes to help us deal with your claim

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Complete the following questions if your claim relates to Sections 1, 2, 6, 8 & 11

Name of the horse on the policy schedule	Breed
Identity Mark	Age
Sex	Colour
Height	Date of Purchase
Purchase Price (£)	Market Value (£)

If the claim is for death, or loss of the horse through theft or straying please provide Purchase & Registration documents, together with a professional valuation of the animal(s) (please note this documentation is to be supplied at the clients own expense).

For what purpose is the horse used	By whom
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Complete the following questions if your claim relates to Sections 1, 6, 8 & 11

Date animal(s) first became ill or accident occurred	Date	Time
Date animal(s) was first attended by the Veterinary Surgeon	Date	Time
Date the slaughter or death occurred if applicable	Date	Time

State location of the animal at the time of death if different to the policyholders address mentioned above
If accidental injury or death, please state how it occurred and where

Diagnosis of illness or injury, and any associated details

Please support this claim with copies of applicable veterinary invoices and reports you have received

Has the horse ever suffered from a similar injury/illness?	Yes	No
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If 'Yes' please provide full details

Please state your usual weekly livery fees and shoeing costs?	Livery	Shoeing
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Name and address of the Veterinary Surgeon (if this is not your usual Veterinary please advise details of all Veterinary's used in connection with this animal)

Were any veterinary and or disposal fees incurred?	Yes	No
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If 'Yes' please attach copy invoices.

Please request your Veterinary Surgeon completes the Certificate at the end of this document

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Please provide details of any witnesses

Name	Name
Address	Address
Tel no.	Tel no.

ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED

Date of Occurrence	Time	am	pm
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Name & Address including postcode of person who discovered loss/damage

If you hold household contents cover with either ourselves or another provider which may cover this loss please confirm contact details and policy number

Location Details

Occupiers Name	Address
Tel No	
Email	Postcode

Complete the following questions if your claim relates to Sections 2, 7 & 9

Name of address of police / fire station notified

Date of Occurrence	Time	am	pm
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Reporting officer's name and number

Crime/Fire Reference number

If Theft, was there forcible and violent entry to or exit from the premises?	Yes	No
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If 'YES' please give details

Details of Circumstances

Please state how the loss/damage was caused e.g. theft, accident etc.

If fire, please state cause of outbreak

Please describe fully the circumstances of the occurrence and give the names(s) of witnesses or persons having knowledge of the situation

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Please state all security measures in force at the time of the loss

Complete the following questions if your claim relates to Section 12 Trailers and Horse Drawn Vehicles

State whether Trailer or Carriage	Model
Chassis and or Identification No.	Year of manufacture
Location or usual storage address	
Value (£)	Date of Purchase
Purchase Price (£)	Nature of Use

Accident Damage

Is the trailer/carriage still usable? Yes No

Repairer name and address

Email Tel no

Where is the trailer/carriage at present?

Is the trailer/carriage incurring storage charges? Yes No **If 'Yes' please provide invoices**

If the cause of the loss is an ACCIDENT then please complete the box A. If the cause of the loss was THEFT then please complete box B over leaf

Accident Details



Date	Time	Location	
Please state:			Speed of vehicle at the time of the accident
Weather conditions		Speed limit	
Did the police attend?	Yes No	Accident No.	
Police Station address and attending officer details			

Veterinary Surgeons Certificate - to be supplied by the Insured at their own expense in support of Sections 1, 6, 8 & 11

I hereby certify that I, the undersigned attended the animal described below, and confirm that it is the property of:

Policyholder's Name

Address

Animal Details

Name of animal

Breed

Identity Mark

Sex

Age

Market Value
before loss

Height

Loss Details

Date of first attendance of animal

Date

Time

Date of last attended

Date

Time

Please give full details as to the cause of loss

If illness, when in your opinion did the condition first manifest itself?

Has the animal ever suffered from a condition of a similar nature before? If so, please give details?

If the animal was euthanased, please confirm this was done on immediate and humane grounds and STAMP/SIGN to verify this has been answered by YOU.

Yes

No

If an accident, when and where did this occur?

In your opinion is the injury/illness consistent with the incident reported to you by the policyholder?

Yes

No

Have you made any recommendations for alternative treatment or referral?

Yes

No

If 'Yes' please provide details

Please support this document with a copy of the horses clinical history detailing all routine and non routine treatment administered since being under the care of your practice

Declaration by the Veterinary attending

I hereby certify that the above particulars are to the best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.

Veterinary's Signature

Print name

Address of Surgery

Date

Tel. No.

Email Address

Theft Details

B

Date of Theft

Time of Theft

Exact location of of Theft

Was the trailer/carriage in a locked building? Yes No

Was the trailer/carriage locked? Yes No

Was the trailer/carriage fitted with an immobilising device? Yes No

If 'YES' please give details

Has the trailer/carriage been recovered? Yes No

If 'YES' please provide an estimate for repairs

When were the police notified?

Please give details of the police station and name of attending officer

Crime reference no.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, BIBU (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing.

Signed

Date