

Horse-insurance.co.uk Dental Treatment Claim Form

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

Policy No:

Date ordered:

horse-insurance.co.uk



1 Your Details *(To be completed by the policyholder)*

| | | | |
|------------------|----------|--|--|
| Your Name | | | |
| Address | | | |
| | Postcode | | |
| Daytime Tel. No. | | | |
| Evening Tel. No. | | | |
| Email | | | |

2 Horse's Details *(To be completed by the policyholder)*

| | | | | | |
|---|---|-------|------------------|--------|--|
| Horse's name(s) | | | Age | | |
| Colour | | | Sex | | |
| Height of horse | | hands | | inches | |
| Purchase price | £ | | Date of purchase | | |
| Other than yourself, who uses the horse? | | | | | |
| How much was the horse worth 12 months ago? | | | | | |
| What is the horse used for? | | | | | |

3 Dental Treatment *(To be completed by the policyholder)*

Note: Our dental cover is intended to reimburse the full NHS contribution and does not cover private treatment.

| | | | |
|------------------------------|--|------|--|
| Name and address of claimant | | | |
| Telephone Number | | | |
| Occupation | | Age | |
| Details of accident | | | |
| Place | | | |
| Date | | Time | |

Please provide full circumstances of accident

CONTACTING US

If you have any queries, please call



08449 808 836

REQUIREMENTS

**Please complete all
Sections**

IMPORTANT NOTES

■ LIABILITY

The issue of this claim form does not constitute an admission of claim liability by horse-insurance.co.uk

■ REQUIREMENTS

Please ensure that all sections are completed by you.

The form must be returned to us at the **FREEPOST** address shown below within **90 days**. Faxed copies of the claim documentation can be sent in advance.

■ RESERVATION OF RIGHTS

Horse-insurance.co.uk reserves the right to appoint loss adjusters to review the claim and to request further information from current or previous vets or previous insurers.

■ EXCESS

You will have to pay your excess and any unrecoverable items.
EG: Admin costs, claim form completion costs etc.

P.O.Box 100 York, YO26 9SZ

Tel: 08449 809 640

Fax: 08449 809 410

email: claims@horse-insurance.co.uk

web: www.horse-insurance.co.uk

Horse-insurance.co.uk

Dental Treatment Claim Form

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

Policy No:

Date ordered:

3 Personal Accident (continued) *(To be completed by the policyholder)*

Nature of injuries suffered

Name, address and telephone number of claimant's usual doctor/dentist

Name, address and telephone number of the other doctor/dentist/consultant who is treating the claimant for the injuries suffered

Was hospitalisation necessary?

If 'Yes', please provide period from and to

Has the claimant previously suffered a related injury/illness? If so, please supply details.

Does the claimant have any medical/life insurance? If so, please supply details.

Yes

No

4 Declaration *(To be completed by the policyholder)*

Have you or any other person to whom this insurance applies ever:

Been declared bankrupt?

Yes

No

Been convicted of arson, fraud, theft, robbery, receiving stolen goods or any other crime of violence associated with these offences or with any other offence against property?

Yes

No

Suffered from a physical defect, infirmity or serious medical condition?

Yes

No

If the answer to any of the questions is 'Yes', please provide full details on a separate sheet.

N.B. as detailed in your policy wording, because our contract is with you, any administration costs or costs of unrecoverable items incurred by any vet are your responsibility as the policyholder.

We hereby declare that the details given by us are, to the best of our knowledge, true and complete.

Policyholder's Signature

Date