

HORSE CLAIM FORM - DEATH OF ANIMAL

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Please complete the claim form fully, using a black pen and block capitals. Incomplete claim forms are likely to delay the assessment of the claim.

Policy No: _____

Section 1 - Policyholder details - Policyholder to complete

Name _____

Address _____

Postcode _____

Daytime tel. no. _____

Mobile tel. no. _____

Email _____

Section 2 - Horse details - Policyholder to complete

Stable name _____

Registered name _____

Age of horse _____

Type of horse _____

Stallion/Colt ☐

Mare/Filly ☐

Gelding ☐

Date you took ownership of your horse? _____

Purchase price £ _____

Was your horse vetted at purchase? _____

Yes ☐

No ☐

If yes, a copy of the veterinary certificate is required in the first year of ownership.

If your horse is on loan to you, please give the owners name and full address below:

Name _____

Address _____

Postcode _____

Section 3 - Death from illness/injury - Policyholder to complete

Name of vet practice _____

Address of vet practice _____

Postcode _____

Section 4 - Documentation - Policyholder to complete

Please ensure you include:

- Purchase receipt
- Ownership page from the horse's passport
- Horse's medical history for the past 3 years

If you are unable to provide a purchase receipt please provide a valuation from a registered Breeder or Trainer. In the event that claims settlement becomes due we will issue settlement by BACS transfer. Where bank details have not been provided or this is not possible, settlement will be dispatched by cheque.

Policyholder declaration

I hereby declare that the details given by me are to the best of my knowledge, true and complete. I authorise the vet to provide upon request all copies of my pet's medical records.

Policyholder's signature _____ Date _____

Important Notes

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- The Insurance Emporium reserve the right to appoint loss adjusters or veterinary consultants to review the claim and also to request further information from current vets or previous insurers
- Please check your policy documents for the excess applicable



VET SECTION - TO BE COMPLETED BY VETERINARY STAFF

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Please complete the claim form fully, using a black pen and block capitals.
 Incomplete claim forms are likely to delay the assessment of the claim.

Policy No: _____

Section 5 - Death from illness/injury

Did the horse require euthanasia?

Yes

☐

No

☐

If yes, who's decision was it?

What date did the death occur?

Date

In your opinion when did this condition/injury begin?

Date

What was the diagnosis?

Was euthanasia performed on immediate humane grounds
 (in line with BEVA Guidelines)?

Yes

☐

No

☐

Was a post mortem carried out?

Yes

☐

No

☐

If yes, please give results and any observations below.

Please enclose full clinical history for the last 3 years.

Vet practice declaration

I certify that the details above are accurate and complete and that the fees charged are reasonable and necessary and are the usual fees charged by this practice.

Vet name _____ Practice name _____

Vet's signature _____ Date _____



Guidance notes for completing your policy claim form

To avoid any delay in assessing your claim, please ensure you complete **all sections** and enclose all requested documentation when returning the form.

HORSE CLAIM FORM - DEATH OF ANIMAL

Section 1 - Policyholder details - Policyholder to complete

Name _____

Address _____ Postcode _____

Daytime tel. no. _____ Mobile tel. no. _____

Email _____

Section 2 - Horse details - Policyholder to complete

Registered name _____

Stable name _____ Type of horse ☐ Stallion/Colt ☐ Mare/Filly ☐ Gelding ☐

Age of horse _____ Purchase price £ _____

Date you took ownership of your horse? _____ Yes ☐ No ☐

Was your horse vetted at purchase? _____

If yes, a copy of the veterinary certificate is required in the first year of ownership.

If your horse is on loan to you, please give the owners name and full address below:

Name _____ Address _____

Postcode _____

Section 3 - Death from illness/injury - Policyholder to complete

Name of vet practice _____

Address of vet practice _____ Postcode _____

Section 4 - Documentation - Policyholder to complete

Please ensure you include:

- Purchase receipt from the horse's passport
- Ownership page from the horse's passport
- Horse's medical history for the past 3 years

If you are unable to provide a purchase receipt please provide a valuation from a registered Breeder or Trainer. In the event that claims settlement becomes due we will issue settlement by BACS transfer. Where bank details have not been provided or this is not possible, settlement will be dispatched by cheque.

Policyholder declaration

I hereby declare that the details given by me are to the best of my knowledge, true and complete. I authorise the vet to provide upon request all copies of my pet's medical records.

Policyholder's signature _____ Date _____

Important Notes

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- The Insurance Emporium reserve the right to appoint loss adjusters or veterinary consultants to review the claim and also to request further information from current vets or previous insurers
- Please check your policy documents for the excess applicable

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1. Please tell us your **policy number**.

2. Fill in your **contact details** including **full name** and **address**. Please provide a **phone number** and **email address**.

3. Complete your **horse's details**.

4. Complete your **claim details**.

5. Please make sure you have included all **relevant documentation** to support your claim.

6. Ensure you **sign** and **date** the form.

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Do we have **your details** and your **horse's details**?
- ☒ Have you filled in your **claim details**?
- ☒ Have you included all **relevant documentation** to support your claim?
- ☒ Is the form **signed** and **dated** at the bottom?

Guidance notes for completing your policy claim form

To avoid any delay in assessing your claim, please ensure you complete **all sections** and enclose all requested documentation when returning the form.

VET SECTION - TO BE COMPLETED BY VETERINARY STAFF Page 2/2

Need some help? Call us on 03300 244 006 email claims@horse-insurance.co.uk | web: www.horse-insurance.co.uk

Policy No: _____

Section 5 - Death from illness/injury

Did the horse require euthanasia? Yes ☐ No ☐

If yes, who's decision was it? _____

What date did the death occur? (Date) _____

In your opinion when did this condition/injury begin? (Date) _____

What was the diagnosis? _____

Was euthanasia performed on immediate humane grounds (in line with BEVA Guidelines)? Yes ☐ No ☐

Was a post mortem carried out? Yes ☐ No ☐

If yes, please give results and any observations below. _____

Please enclose full clinical history for the last 3 years.

Vet practice declaration

I certify that the details above are accurate and complete and that the fees charged are reasonable and necessary and are the usual fees charged by this practice.

Vet name _____ Practice name _____ Date _____

Vet's signature _____

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1. Please tell us your client's **policy number**.

2. Please tell us if the horse required **euthanasia** and **who's** decision this was?

3. Answer **all** questions, providing details of the horse's death.

4. Please tell us if a **post mortem** was carried out and what the **results** of this were.

5. Please make sure you have included all **relevant documentation** to support your claim.

6. Ensure you **sign** and **date** the form.

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Have you told us whether the horse required **euthanasia**?
- ☒ Have you answered **all** questions and provided details of the **horse's death**?
- ☒ Have you told us whether a **post mortem** was carried out and provided the **results** of this?
- ☒ Have you included all **relevant documentation** to support your claim?
- ☒ Is the form **signed** and **dated** at the bottom?

What happens next?

- 1** Please ensure you have filled in your claim form correctly and truthfully completed **all** sections and attached any **relevant documentation**. Forms can be sent by:
 - **Email:** claims@horse-insurance.co.uk
 - **Post:** Thorpe Underwood Hall
Ouseburn,
York,
YO26 9SS
- 2** You will be contacted within **2 working days** to acknowledge receipt of your claim form. Once we have received your form and all relevant supporting documentation we aim to assess the claim in a prompt and timely manner.
- 3** If your claim is successful, payment will be issued to you or your vet by BACS minus the policy excess and anything else not covered under the policy. If we do not hold account details payment will be issued by cheque.