



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. Section 1 - Policyholder details - Policyholder to complete		
Address		
	Postcode	
Daytime tel. no.	Mobile tel. no.	
Email		
Section 2 - Horse details - Policyholder to	o 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 requir If your horse is on loan to you, please give the own	·	
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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Need some help?

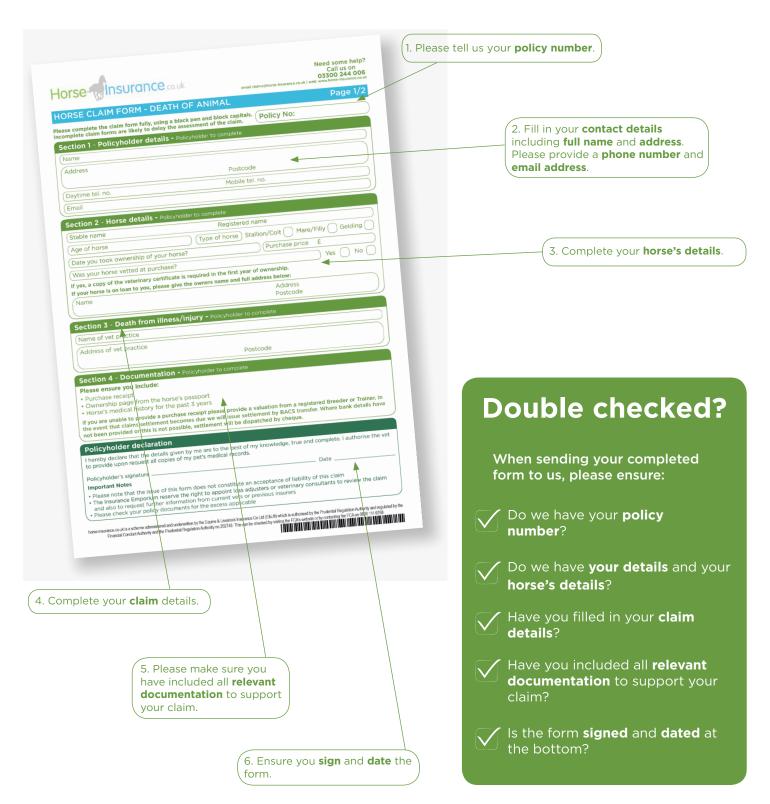
Please complete the claim form fully, using a black pen and block capitals. Policy No:	
Section 5 - Death from illness/injury	
Did the horse require euthanasia?	Yes No
If yes, who's decision was it?	
What date did the death occur? Date	
In your opinion when did this condition/injur	ry begin? Date
What was the diagnosis?	
Was euthanasia performed on immediate hu (in line with BEVA Guidelnes)?	umane grounds Yes No
Was a post mortem carried out?	Yes No
If yes, please give results and any observations be	elow.
Please enclose full clinical history for the last 3 ye	ears.
Vet practice declaration	
	emplete and that the fees charged are reasonable and necessary
Vet name	Practice name
Vet's signature	Date

Need some help?



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.

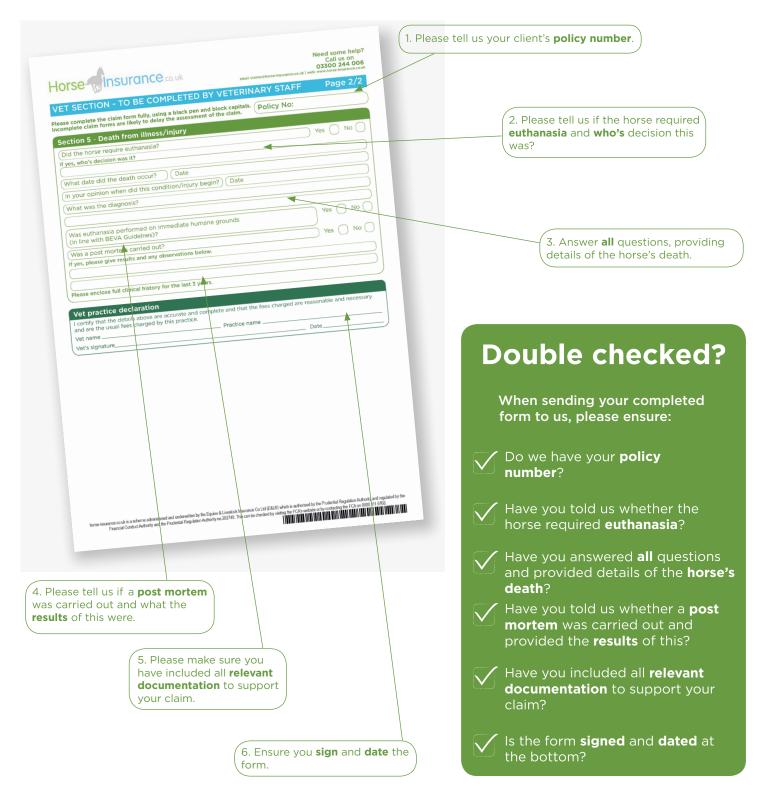


Need some help?



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What happens next?

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

- 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.
- 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.