

SADDLERY & TACK - CLAIM FORM

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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

Horse's name

Age of horse

Registered name

Section 3 - Loss details - Policyholder to complete

Please provide full circumstances of the loss/damage

Date and Time loss discovered

Date

Time

Address of the place theft occurred from

Postcode

Telephone number of the place theft occurred from

Address of police station

Postcode

Reporting officer

Report number

Telephone number

What kind of construction is the building?

Locks on the doors?

Yes ☐ No ☐

If 'yes', give details on the make and type

Locks on the windows?

Yes ☐ No ☐

If 'yes', give details on the make and type



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Section 3 - Loss details (Continued) - Policyholder to complete

Is there another way into the building? Yes ☐ No ☐ If 'yes', give details:

How was entry gained to the premises?

Yes ☐ No ☐

How many other people suffered a loss?

What precautions have you taken to provide a similar loss occurring?

Complete the following sections for purchased items which were stolen/damaged. You MUST provide the original purchase receipt for all items claimed for the claim to be processed.

[illegible]

Name and address of your house contents insurer and policy number
(if no contents cover in force, please give your buildings insurer and policy number):

Postcode



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Section 4 - Declaration - Policyholder to complete

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 ☐

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

In the event of settlement becoming due, to whom should payment be made?

Me ☐ Other ☐ Name

Could this claim be covered under any other policy of insurance?

Yes ☐ No ☐

If 'yes', please provide full details

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

Before signing this form please ensure you have answered all questions in sections 1, 2, 3 & 4.

Policyholder declaration

I hereby declare that the details given by me are, to the best of my knowledge, true and complete.

Policyholder's signature _____ Date _____

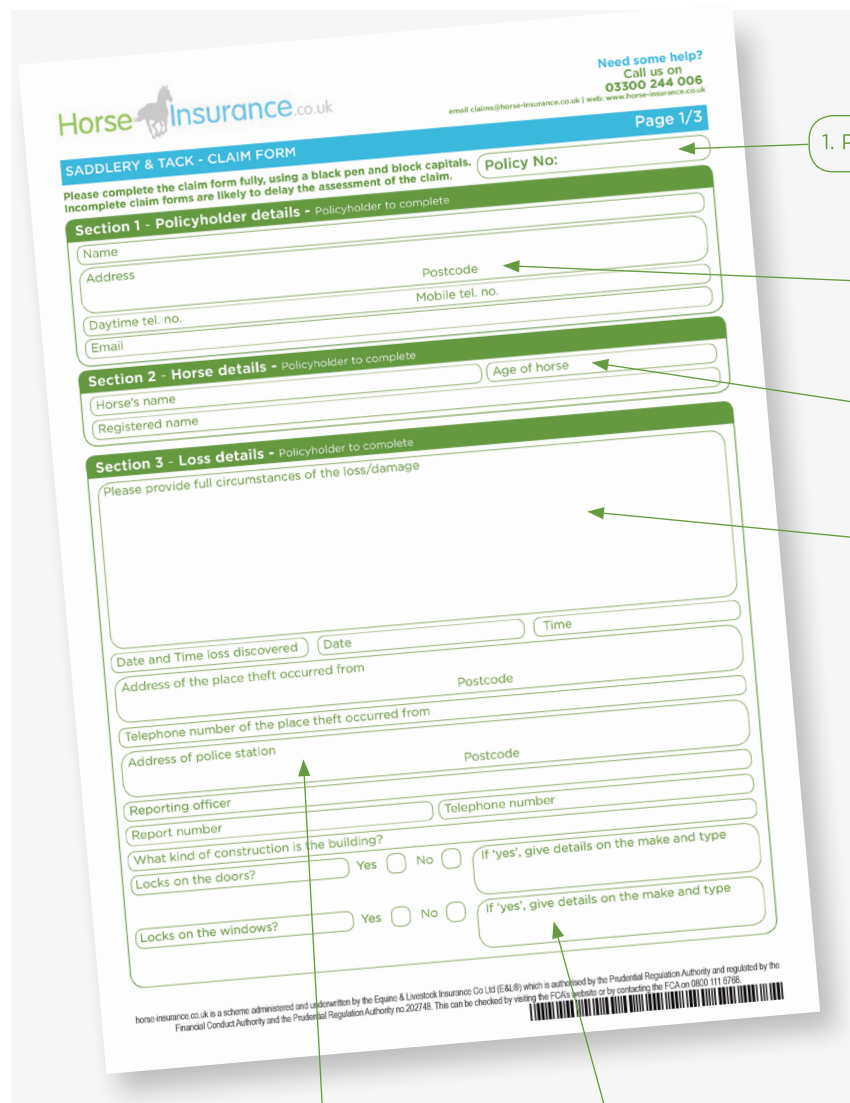
Important Notes

- 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 to review the claim and also to request further information from previous insurers
- Please check your policy documents for the excess applicable



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.



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. Please tell us the **name** and **age** of your horse.

4. Give us as much **detail** regarding the **damage** or **loss** as possible.

5. In the event of a theft, please provide details of the **police station** you contacted, the **officer** handling your report and the **crime reference number**.

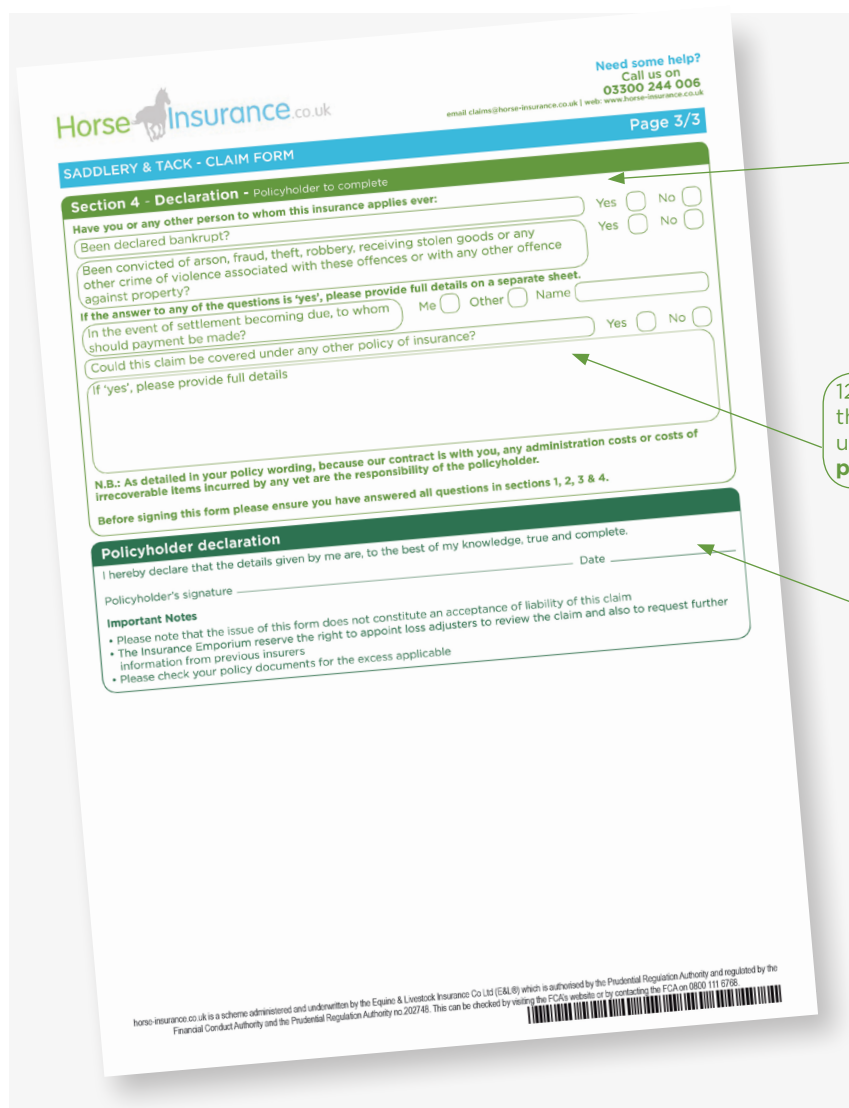
6. In the event of a theft, please provide **full details** of the **building** in which the equipment was stored and the **locks** used.

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Do we have your **details**?
- ☒ Do we have your **horse's details**?
- ☒ Have you filled in details of the **incident**?
- ☒ In the event of a theft, have you provided **full details** of the **police station** you contacted?
- ☒ In the event of a theft, have you provided **full details** of the **building** involved?

Please complete the relevant sections and enclose the requested documentation before sending the form back to us.



Section 4 - Declaration - Policyholder to complete

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 ☐

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

In the event of settlement becoming due, to whom should payment be made? Me ☐ Other ☐ Name

Could this claim be covered under any other policy of insurance? Yes ☐ No ☐

If 'yes', please provide full details

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

Before signing this form please ensure you have answered all questions in sections 1, 2, 3 & 4.

Policyholder declaration

I hereby declare that the details given by me are, to the best of my knowledge, true and complete. Date

Policyholder's signature

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 to review the claim and also to request further information from previous insurers
- Please check your policy documents for the excess applicable

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11. Please let us know if any of these **declarations** are applicable to **you** or **anyone** involved in this claim.

12. Please let us know if this claim could be covered under **another insurance policy**.

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

Double checked?

When sending your completed form to us, please ensure:

- ☒ Have you made any applicable **declarations**?
- ☒ Do we have **details** if the claim could be covered under **another insurance policy**?
- ☒ Have you **signed** and **dated** the form?

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.