

## THEFT OR STRAYING - 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

Colour

Sex

Height of horse

Sum insured

Purchase price

Purchase date

Are you the owner of the horse? If not, please provide contact information of the owner

### Section 3 - Theft or Straying - Policyholder to complete

State if the horse has been stolen or strayed

If stolen, do your suspicions rest with someone? If so, whom?

When was the horse(s) last inspected by you?

Date and Time loss discovered

Date

Time

State the circumstances under which the theft/loss took place. If the horse was stolen from a field, attach a sketch of the security precautions taken

Date and Time loss discovered

Date

Time

Address

Postcode

Report number

Telephone number



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**Section 3 - Theft or Straying (continued)** - Policyholder to complete

Have you previously sustained a loss, whether insured or not? Yes ☐ No ☐

If 'yes', please give full details

Have you, or anyone to whom this insurance applies, been the subject of any threats or attempted thefts of horses in the last 6 years? Yes ☐ No ☐

Is the horse Freeze Branded? Yes ☐ No ☐

If 'yes', what is the Freeze Brand number?

**If the horse is subsequently found to have strayed and is recovered please contact 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. Then pass the form to your vet.**

**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 horse's medical records.

Policyholder's signature \_\_\_\_\_ Date \_\_\_\_\_

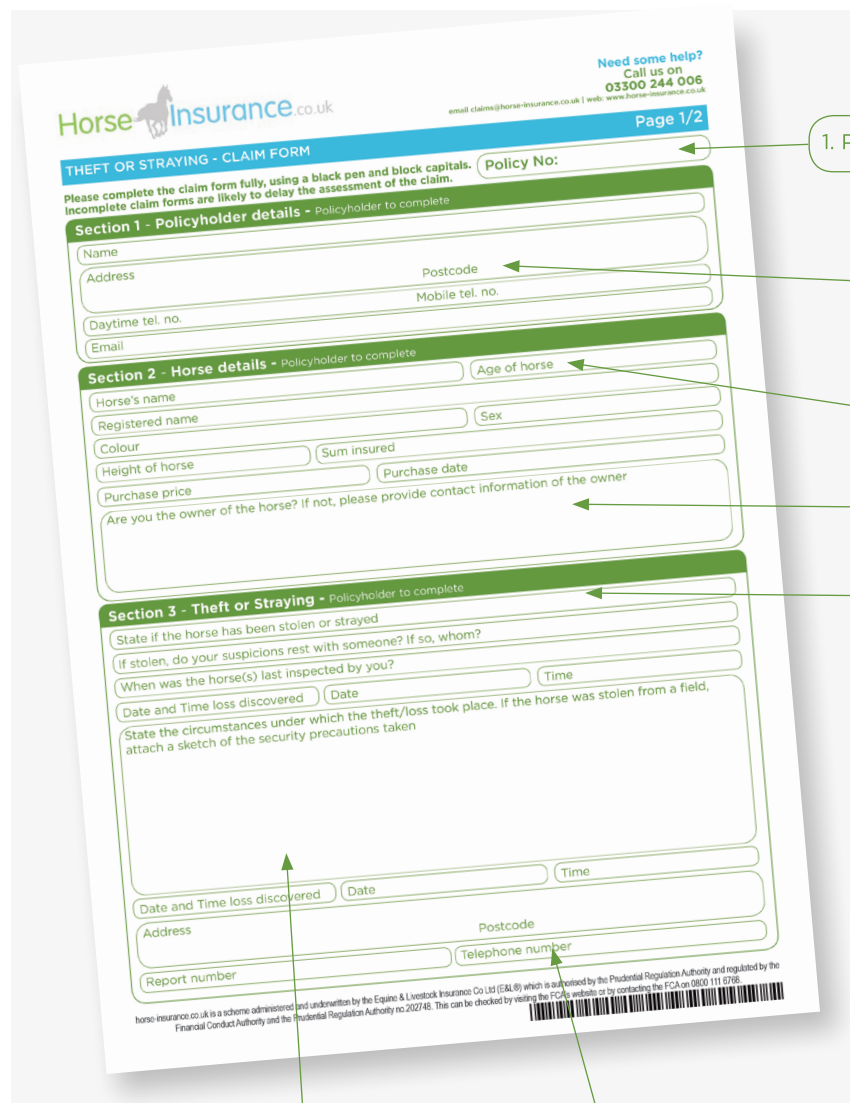
**Important Notes**

- 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



# 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 provide us with your horse's **full details**.

4. Please tell us whether you're the **horse's owner**.

5. Please tell us whether your horse **strayed** or was **stolen**.

## 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 told us whether the horse **strayed** or was **stolen**?
- ✓ Have you filled in details of the **incident**?
- ✓ In the event of a theft, have you provided **full details** of the **premises involved**?

6. Please provide as much detail about the **circumstances** relating to the theft or loss.

7. In the event of a theft, please provide **full details** of **where** the horse was stolen from and the **report number** provided by the police.

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

Need some help?  
Call us on  
03300 244 006  
email [claims@horse-insurance.co.uk](mailto:claims@horse-insurance.co.uk) | web: [www.horse-insurance.co.uk](http://www.horse-insurance.co.uk)

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## THEFT OR STRAYING - CLAIM FORM

### Section 3 - Theft or Straying (continued) - Policyholder to complete

Have you previously sustained a loss, whether insured or not? Yes ☐ No ☐

If 'yes', please give full details

Have you, or anyone to whom this insurance applies, been the subject of any threats or attempted thefts of horses in the last 6 years? Yes ☐ No ☐

Is the horse Freeze Branded? Yes ☐ No ☐

If 'yes', what is the Freeze Brand number?

If the horse is subsequently found to have strayed and is recovered please contact 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. Then pass the form to your vet.

### 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 horse's medical records. \_\_\_\_\_ 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 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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8. Please provide **full details** of any previous losses you've sustained.

9. Please tell us whether **you** or **anyone involved** in this claim has been the subject of threats.

10. Please tell us whether your horse has been **Freeze Branded** or not.

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

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

12. Please provide **full details** of any other insurance policies this claim could be covered by.

## Double checked?

When sending your completed form to us, please ensure:

- ☒ Have you told us whether you've previously **sustained a loss**?
- ☒ Have you told us whether you've **received any threats**?
- ☒ Have you provided **full details** about whether or not your horse was **Freeze Branded**?
- ☒ 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](mailto: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.