

LOSS OF USE 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 information of the owner

What is the horse used for? (Tick as appropriate)

- | | | | | | |
|----------------|--------------------------|-------------|--------------------------|----------------------------------|--------------------------|
| Vaulting | <input type="checkbox"/> | Polocrosse | <input type="checkbox"/> | Intermediate and novice eventing | <input type="checkbox"/> |
| Hunting | <input type="checkbox"/> | Dressage | <input type="checkbox"/> | Pony club and riding club events | <input type="checkbox"/> |
| Polo | <input type="checkbox"/> | Hacking | <input type="checkbox"/> | Advanced horse trails | <input type="checkbox"/> |
| Pet | <input type="checkbox"/> | Arab racing | <input type="checkbox"/> | Long distance riding | <input type="checkbox"/> |
| Hunter chasing | <input type="checkbox"/> | Breeding | <input type="checkbox"/> | Trotting racing | <input type="checkbox"/> |
| Show jumping | <input type="checkbox"/> | Showing | <input type="checkbox"/> | Other | |
| Drag hunting | <input type="checkbox"/> | Driving | <input type="checkbox"/> | | |
| Hunter trials | <input type="checkbox"/> | Le-Trec | <input type="checkbox"/> | | |
| Heavy Horses | <input type="checkbox"/> | Gymkhanas | <input type="checkbox"/> | | |

What date did you first notice the horse was unwell?

If the claim is successful, what do you plan to do with the horse? Retire the horse ☐ Put to sleep ☐

Section 3 - Loss of Use from illness/injury - Policyholder to complete

Name of vet practice

Address of vet practice

Postcode



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Section 4 - Documentation - Policyholder to complete

Please ensure you include:

- Purchase receipt
- Ownership, markings and vaccinations pages 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 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



LOSS OF USE CLAIM FORM - to be completed by veterinary staff

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Please complete the claim form fully, using a black pen and block capitals.
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Policy No:

Section 5 - Condition details and treatment given - To be completed by the attending vet

Horse's name

What was your diagnosis?

What was your prognosis?

In your opinion, what can this horse be used for in the future?

In your opinion when did the injury, illness or condition begin?

Has any treatment been given for this condition?

Yes

No

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.

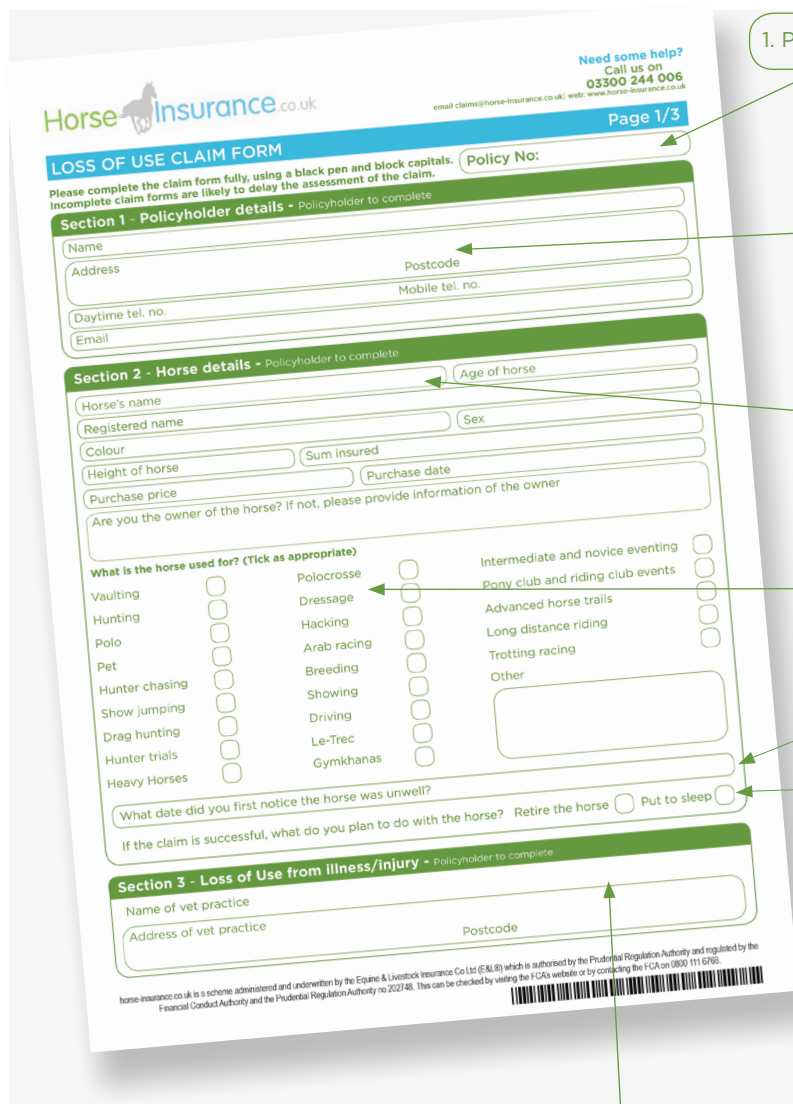
Vet name _____ Practice name _____

Vet's signature _____ Date _____



Guidance notes for completing your policy claim form

If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.



LOSS OF USE CLAIM FORM

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

Name Postcode
Address Mobile tel. no.
Daytime tel. no.
Email

Section 2 - Horse details - Policyholder to complete

Horse's name Age of horse
Registered name Sex
Colour
Height of horse Sum insured
Purchase price Purchase date
Are you the owner of the horse? If not, please provide information of the owner

What is the horse used for? (Tick as appropriate)

Vaulting <input type="checkbox"/>	Polocrosse <input type="checkbox"/>	Intermediate and novice eventing <input type="checkbox"/>
Hunting <input type="checkbox"/>	Dressage <input type="checkbox"/>	Pony club and riding club events <input type="checkbox"/>
Polo <input type="checkbox"/>	Hacking <input type="checkbox"/>	Advanced horse trails <input type="checkbox"/>
Pet <input type="checkbox"/>	Arab racing <input type="checkbox"/>	Long distance riding <input type="checkbox"/>
Hunter chasing <input type="checkbox"/>	Breeding <input type="checkbox"/>	Trotting racing <input type="checkbox"/>
Show jumping <input type="checkbox"/>	Showing <input type="checkbox"/>	Other <input type="text"/>
Drag hunting <input type="checkbox"/>	Driving <input type="checkbox"/>	
Hunter trials <input type="checkbox"/>	Le-Trec <input type="checkbox"/>	
Heavy Horses <input type="checkbox"/>	Gymkhanas <input type="checkbox"/>	

What date did you first notice the horse was unwell?

If the claim is successful, what do you plan to do with the horse? Retire the horse ☐ Put to sleep ☐

Section 3 - Loss of Use from illness/injury - Policyholder to complete

Name of vet practice
Address of vet practice Postcode

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

4. Please tell us what your **horse** is used for.

5. Please tell us the date you first noticed your **horse** unwell.

6. Please tell us what do you plan to do with the **horse**, if the claim is successful.

7. Please provide us with your **vet's details**.

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 **what** the **horse** was **used** for?
- ☒ Have you provided your **vet's details**?

Guidance notes for completing your policy claim form

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

Horse Insurance.co.uk

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Section 4 - Documentation - Policyholder to complete

Please ensure you include:

- Purchase receipt
- Ownership, markings and vaccinations pages from the horse's passport
- Horse's medical history for the past 3 years

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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

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8. Please provide a purchase receipt ownership, marking and vaccinations pages from the horses passport, and it's medical records.

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

Double checked?

When sending your completed form to us, please ensure:

- ☒ Have you provided the requested documents?
- ☒ Have you **signed** and **dated** the form?

Guidance notes for completing your policy claim form

If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your client's claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.

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LOSS OF USE CLAIM FORM - to be completed by veterinary staff

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Policy No: _____

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 5 - Condition details and treatment given - To be completed by the attending vet

Horse's name _____

What was your diagnosis? _____

What was your prognosis? _____

In your opinion, what can this horse be used for in the future? _____

In your opinion when did the injury, illness or condition begin? Yes No

Has any treatment been given for this condition? Yes No

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.

Practice name _____ Date _____

Vet name _____

Vet's signature _____

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10. Please tell us the **policy number**.

11. Please provide us with the **horse's name** and details of any conditions it is **suffering** from.

12. Please tell us what you believe the horse can be **used for** in future.

13. Please tell us when you believe the **condition/injury** became an issue and if the horse has been **treated** yet.

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

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have the client's **policy number**?
- ☒ Do we have the **horse's details**?
- ☒ Have you given us a **diagnosis** or **prognosis**?
- ☒ Have you told us what you think the **horse** can be used for?
- ☒ Have you told us when you think the **condition/injury** became apparent?
- ☒ 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.