

# Horse Claim Form

## Rider Claim Form: If someone is injured while riding your horse

**animal  
Friends**  
Pet Insurance

Send your completed claim to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk)

If you have any questions, you can call **0344 557 0300**

### 1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

  
  

### 2. ABOUT THE HORSE BEING RIDDEN

Horse's name:

Do you own the horse being ridden?

Yes:  No:

If no, please give us the owner's details:

Name:

Contact number:

### 3. ABOUT THE RIDER

Are you claiming for an accident involving the policyholder?

Yes:  No:

If no, please give details of the injured person:

Name:

Date of birth:

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The injured rider's relationship to you:

### 4. ABOUT THE ACCIDENT

What activity were the horse and rider doing when the accident happened:

Was the rider wearing a riding hat when the accident happened?

Yes:  No:

Please provide full details of the accident, including where and how it happened and what injuries the rider has, on a separate sheet.

### 5. ABOUT THE CLAIM

Please tick the benefit/s you are claiming for:	Evidence required
<input type="checkbox"/> Death	Death certificate
<input type="checkbox"/> Blindness/Deafness	Doctors note
<input type="checkbox"/> Loss of limb	Doctors note
<input type="checkbox"/> Permanently unable to do any type of work	Doctors note
<input type="checkbox"/> Temporarily unable to work (Over 18s)	Fit to work note
<input type="checkbox"/> Dental treatment	Invoices
<input type="checkbox"/> Tuition fees (Under 18s)	Invoices
<input type="checkbox"/> Hospital stays	Hospital discharge letter/report

There is more information in your Policy Booklet about the different benefits.

### 6. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim and you pay your premiums by **Direct Debit**, we will pay any claim payments into that bank account.

If you pay your premium **annually**, please provide the bank account details you would like to use:

Account holder's name:

Account Number:

Sort Code:

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### 7. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Section 5 of this form gives you information on all of the supporting documents required. We also may need to speak to the doctor/dentist if the documents don't provide enough detail.

The completed form and documents should be sent to [claimform@animalfriends.co.uk](mailto:claimform@animalfriends.co.uk) or posted to  
**Animal Friends House,  
1 The Crescent, Sun Rise Way, Amesbury,  
Wiltshire, SP4 7QA**

### 8. YOUR DECLARATION

**I confirm that the information I have provided is correct.**

I agree that Animal Friends Insurance can talk about this claim with:

- The rider's doctor/dentist.
- An independent doctor/dentist (if required).
- The rider's tutor if claiming for tuition fees.

If you are not the injured rider or their parent/guardian then we will also need permission from them to discuss with their medical professional/s.

Please sign here:

Date:

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