

Horse Claim Form

Rider Claim Form: Personal Accident

**animal
Friends**
Pet Insurance Experts

Send your completed claim to 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 your premium is not paid by Direct Debit, please provide details of the current account you would like us 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 5 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

or posted to

**Animal Friends Insurance
Services Ltd, 1 The Crescent, Sunrise 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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