Horse Claim Form

If your horse can't do the activities you chose for them (Loss of Use)

Send your completed claim to **claimform@animalfriends.co.uk**If you have any questions, you can call **0344 557 0300**



| 1. ABOUT YOU | | 6. ABOUT PAYING YOUR CLAIM |
|--|---|---|
| Policy number: | Policyholder's address & postcode: | If you pay your premiums by Direct Debit , we will pay any claim payments into that bank account. |
| Policyholder's name: | | If you pay your premium annually or are not the owner, please provide the bank account details you would like us to use: |
| Contact number: | | Account holder's name: |
| Email address: | | Account Number: |
| | | Sort Code: |
| 2. ABOUT YOUR HORSE | | Any payment will be paid to the Horse's owner. |
| Horse's passport name: | Has the horse had yearly vaccinations? | |
| Horse's stable name: | Is the horse routinely wormed? Yes: No: | 7. SENDING US YOUR CLAIM |
| 1013e 3 Stable Hame. | Do you own or loan your horse? Own: Loan: | Please send us your fully completed claim form. We aim to process your claim within 2 working day |
| Horse's breed: | What was the purchase price of your horse? | following receipt of all required information. |
| | £ | Please make sure: You keep copies of the documents you send for |
| Horse's height: | When did you | your own records. |
| Horse's date of birth: O D M M Y Y Y Y Filly: Colt: Mare: Gelding: | get your horse? What are the main activities your horse does? | You send your claim to us as soon as you can, after your vet confirms the horse cannot take part in the activities. |
| 3. ABOUT YOUR HORSE'S CONDITION | | The completed form and documents should be |
| s your horse permanently unable to do the activities you insured them for? Yes: No: | | sent to claimform@animalfriends.co.uk or posted to Animal Friends House, 1 The Crescent, Sun Rise Way, Amesbury, |
| • | | Wiltshire, SP4 7QA |
| Name/Symptoms of Condition: | | |
| | | 8. YOUR DECLARATION |
| When did you first notice your horse was unwell? | D D M M Y Y Y | I confirm that the information I have provided |
| Do you have proof of how much you paid for your h | orse? Yes: No: | is correct. |
| Current vet practice/branch and phone number: | | I agree that Animal Friends Insurance can talk with any vet, professional or individual that may b involved with this claim. |
| | | Please sign here: |
| 4. SUPPORTING INFORMATION | | |
| Please include copies of these documents with | your claim form: | |
| A. Purchase receipt. | | |
| B. Horse's passport (including the pages with th C. You must get written confirmation from your activities that they're insured for. D. Your Horse's medical History | eir name, your details and the identification page). vet that your horse is unable to take part in the | Date: |