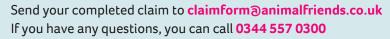
Horse Claim Form

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





1. ABOUT YOU			6. ABOUT PAYING	YOUR CLAIM	
Policy number:	Policyholde	er's address & postcode:	premiums by Direct Del	we agree to pay your claim and you pay your remiums by Direct Debit , we will pay any claim	
Policyholder's name:			payments into that ban		
			If you pay your premium the bank account detail	annually, please provide s you would like to use:	
Contact number:					
			Account holder's name:		
Email address:					
			Account Number:		
2. ABOUT THE HORSE BEING RIDDEN	3. ABC	OUT THE RIDER	Sort Code:		
Horse's name:		laiming for an involving the Yes: No: Her?	7. SENDING US YOUR CLAIM		
Do you own the horse being ridden? Yes: No:	' '	ase give details of the injured person:	Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.		
If no, please give us the owner's details:					
Name: Date of b		Section 5 of this form gives you information on of the supporting documents required. We also			
			may need to speak to the doctor/dentist if the		
Contact number: The inju		ed rider's relationship to you:	documents don't provid	le enough detail.	
			-	and documents should be	
4. ABOUT THE ACCIDENT			or p	animalfriends.co.uk osted to	
What activity were the horse and rider doing when	the accident	happened:	1 The Crescent, Su	riends House, In Rise Way, Amesbury, re, SP4 7QA	
Was the rider wearing a riding hat when the accide			8. YOUR DECLARA	TION	
Please provide full details of the accide and what injuries the ride			I confirm that the infor is correct.	mation I have provided	
5. ABOUT THE CLAIM			I agree that Animal Frie about this claim with:	nds Insurance can talk	
Please tick the benefit/s you are claiming for:		Evidence required	 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 		
Death		Death certificate			
Blindness/Deafness		Doctors note			
Loss of limb		Doctors note			
Permanently unable to do any type of work		Doctors note		them to discuss with their medical professional/s.	
Temporarily unable to work (Over 18s)		Fit to work note	Please sign here:		
Dental treatment		Invoices			
Tuition fees (Under 18s)		Invoices		D D M M Y Y Y	
Hospital stays		Hospital discharge letter/report	Date:		

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