

Horse Claim Form



RURAL
INSURANCE

Horse Claim Form

INSURED

Insured Name

Address

Occupation

Policy No.

Home Tel. No.

Work Tel. No.

Mobile

Email

THE HORSE

Animal Name

Breed

Stable Name

Colour

Sex

Height

Age

Date of Purchase

Price Paid

Are you the sole owner of the animal?

Yes

No

If 'NO' please give details

For what purpose was the animal being used for?

In whose charge was the animal at the time of loss?

DETAILS OF CLAIM

Date of loss

Time of loss

Place of loss

If accident how did it occur?

If sickness when was it first noticed?

Name of attending vet

Vet Practice Address

Date / Time Vet first advised

What is vets diagnosis?

In the case of the animal please give the date and time the animal died or was destroyed

Date

Time

In the case of death has the carcass been disposed of?

Yes

No

If 'YES' to whom and what prices if any were received for it?

If animal died in transit was vehicle owned by you?

Yes

No

If 'NO' please advise name and address of vehicle owners/carriers

If death was due to a road accident please advise name and address of third party vehicle owner/driver

PAYMENT OF CLAIM

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

Sort Code

Bank Account Name

If you would however prefer to receive a cheque please tick here

DECLARATION

I/WE DECLARE THAT THE DETAILS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Date

VETERINARY SURGEONS CERTIFICATE

I / We

Of

Veterinary Practice

Address

Work Tel. No.

Mobile Tel. No.

Confirm that I/We have attended on the horse detailed and that My/Our findings are noted below.

Animal
Name

Breed

Sex

Colour

Height

Age

Date I / We were first consulted

Initial Diagnosis

Treatment Given

If animal alive what is
future prognosis?

If animal has died please advise whether:

Animal died prior to examination?

Yes

No

If 'YES' was a post mortem examination carried out?

Yes

No

If 'YES' please detail

If animal slaughtered was this carried out for:

(a) Humanitarian Reasons

Yes

No

(b) Economic Reasons

Yes

No

If alternative treatment carried out was this at your recommendation?

Yes

No

DECLARATION

I/WE DECLARE THAT THE ABOVE DETAILS TO BE TRUE AND CORRECT

Signature

Date

Rural Insurance Group Limited
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Harrogate HG2 8RE

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Registered Address: Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, West Yorkshire, LS10 1RJ
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