

# Equine Claim Form



**Pet-n-Sur** *Equine*

Beneficial Insurance Limited, Level 3, 445 Karangahape Road, PO Box 68 548, Newton, Auckland t. 0800 738 678 f. 0800 329 424 e. claims@petnsur.co.nz

**Please note - If you are not claiming for Gear and / or Float, please complete the EquineClaimForm\_VetFees.pdf document**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone hm \_\_\_\_\_ wk \_\_\_\_\_ mob \_\_\_\_\_

Email \_\_\_\_\_

## Horse Details

Policy Number \_\_\_\_\_ Horse Name \_\_\_\_\_

Colour \_\_\_\_\_ Age \_\_\_\_\_

Mare  Gelding  Stallion  Sum Insured \_\_\_\_\_

Are you the legal / only owner of the horse? \_\_\_\_\_

Address of where the horse is grazing (if not the same as above) \_\_\_\_\_

## Claim

What are you claiming? \_\_\_\_\_

Float  Gear

Float: attach proof of purchase / police report / registration certificate

Gear: attach proof of purchase / details including make, model, age and purchase price

## Claim Checklist

Claim Form  Required attachments  Invoices   
as outlined above

My / Our Details

Name of Account \_\_\_\_\_

Bank/Branch/Account Number/Suffix

Details to appear on my / our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I the undersigned declare that I am the owner referred to above and that the statements are true in every respect with concern to my claim and also authorise Beneficial Insurance to obtain any other information required in order to assess this claim at my cost.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Send your completed claim form and supporting documents either by scan / email or post to the contact details at the top of this form