

Equine Claim Form



Pet-n-Sur *Equine*

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Please note - If you are claiming for Gear and / or Float, please complete the EquineClaimForm_Gear_Float.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? _____

Vet fees Disposal Costs Death When did the injury / illness first occur? _____

Date on which vet first examined the horse for this injury / illness? _____

Has the horse suffered from this injury / illness previously? Yes No

If yes, give details _____

Claim Checklist

Claim Form Clinical Notes Invoices

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)

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