



Scottish Equestrian
Insurance Services

For SEIS use

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Claim Form - Personal accident

Issue of this form does not constitute admission of liability on the part of the Insurers.

The completed form should be returned to: **SEIS, GREAT WEST HOUSE (GW2), GREAT WEST ROAD, BRENTFORD, MIDDLESEX TW8 9DX.**

CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU.

Information contained within this document will be made available to other insurers and organisations.

PLEASE COMPLETE IN BLOCK CAPITALS



0845 070 1063

Please phone if you have any questions regarding this form.

YOUR DETAILS (PLEASE COMPLETE IN ALL CIRCUMSTANCES)					
Policy Number					Address
Title	Initial	Surname			
Daytime tel number					
Email				County	Postcode

THE HORSE	
Name	Year of Birth
Type/Breed	Sum Insured
Colour	Freeze Mark
Sex	

ACCIDENT DETAILS	
<p>Please give details of the person injured</p> <p>Name</p> <p>Address</p> <p>County Postcode</p> <p>Date of Birth</p> <p>Occupation</p> <p>Date of Accident</p> <p>For what purpose was the animal being used at the time the accident occurred?</p> <p>Please give full details of the injuries</p> <p style="text-align: right;"><i>(Please continue on a separate sheet if necessary)</i></p>	<p>Was the injured person riding, handling or leading the horse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How did the accident happen?</p> <p style="text-align: right;"><i>(Please continue on a separate sheet if necessary)</i></p> <p>Was the injured person wearing an approved riding hat at the time the accident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

DECLARATION	
<p>I/We consent to the seeking of information from other Equine Insurance Underwriters and Intermediaries to check the answers. I/We have provided, and I/We authorise the giving of such information for such purposes.</p>	
<p>Signature of Policyholder(s)</p> <p style="text-align: center;">X</p> <p style="text-align: right;">Date / /</p>	<p>Signature of the Injured Person</p> <p style="text-align: center;">X</p> <p style="text-align: right;">Date / /</p>
<p>Fraud Warning The submission of a bogus or exaggerated claim, either in whole or in part, or any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.</p>	

