



6 When was the trailer/horse-drawn vehicle last seen by you?

Date / / Time am/pm

7 When were the police informed?

Date / / Time am/pm

8 Give the name and address of the police station:

Station name

Address

County Postcode

Tel number

Officers name and No.

Crime report number

Please ask Police Officer to place Official stamp in the box below

Official stamp

SECTION D TO BE COMPLETED IN RESPECT OF DAMAGE CLAIMS

1 Is the damage repairable? Yes No

2 (a) Was any vehicle/horse involved other than the towing vehicle/horse? Yes No

(b) If YES, please advise

Name of owner

Address

County Postcode

Daytime tel number

Details of insurer

Name of insurer

Address

County Postcode

Policy No.

PLEASE RETAIN ANY DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE

SECTION E TO BE COMPLETED IN RESPECT OF HORSE-DRAWN VEHICLES ONLY

1 Was horse-drawn vehicle fully restored when purchased/acquired? Yes No

2 If No, what additional work has been carried out since and at what time/cost?

3 Is work provided for in the estimate solely to repair to pre-accident condition? Yes No

4 What events/shows/displays (if any) have been entered and with what results?

5 Are there any further details you would like us to consider in determining the pre-accident value?

SECTION F TO BE COMPLETED BY THE POLICYHOLDER(S)

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE Please tick if enclosed:

All claims

- Original purchase receipts
Two estimates for repair (if applicable)
Crime report (if applicable)

Trailers only

- Quotation for current replacement cost of exact equivalent item(s)
Advertisements, letter from supplier etc. to support current value
Repairer's written confirmation that trailer is damaged beyond repair (stating the approximate value before damage)

Please circle the number of documents enclosed including this form 1 2 3 4 5 6 7 8

SECTION G TO BE COMPLETED BY THE POLICYHOLDER(S)

HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?

If the policy is in joint names both signatures are required.

I/we declare that all the above statements are true in every respect and that I/we have fulfilled the Terms and Conditions of the Policy.

Signature

X

Date / /

Signature

X

Date / /