



Scottish Equestrian
Insurance Services

For SEIS use

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Claim Form - Loss by theft or straying

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.
Please complete a separate form for each horse. **PLEASE COMPLETE IN BLOCK CAPITALS**



0345 070 1063

Please phone if you have any questions regarding this form.

SECTION A TO BE COMPLETED BY THE POLICYHOLDER(S)

About policyholder(s)

Title Initial Surname
Address
County Postcode
Daytime tel number
Email
Please tick here if new address

Payment cheques can be made out to the person(s) shown on the certificate. If two people are named, but you have separate bank accounts, please enter below the name to appear on the cheque.

1. When did you first notice the horse/pony was missing?

Date / / Time
Place

2. Where and when was the horse/pony last seen?

Date / / Time
Place

3. If the horse/pony has been recovered, please state

Date / / Time
Place

About your horse/pony

Policy No.
Horse/pony's name
Sex Stallion / Colt Mare / Filly Gelding
Age
Breed
Original purchase price: £ .
Date of purchase:

4. Please advise circumstances of loss (continue overleaf if necessary)

5. Please tell us the details of the police station the theft of your horse was reported to:

Name
Address
County Postcode
Tel No. (incl. STD) Ext.
Date reported / /
Police report No.:

6. Please tell us the details of any veterinary surgeries the loss was reported to:

Name
Address
County Postcode
Tel No. (incl. STD) Ext.
Date reported / /
Police report No.:

SECTION B TO BE COMPLETED BY THE POLICYHOLDER(S)

1. Have you made enquiries or advertised for information, if so please give full details and attach receipts. Please state amount Yes No
£

2. Have you paid a reward (agreed in advance with SEIS) Yes No
Please state amount £

continued overleaf

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)

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

- | | |
|--|--|
| <input type="checkbox"/> Freeze mark/branding documentation/passport. | <input type="checkbox"/> Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable). |
| <input type="checkbox"/> Any other relevant documents. | <input type="checkbox"/> Written confirmation of loss by the police. If written confirmation cannot be provided an official Police/Veterinary stamp and other information requested will be required in SECTION D below. |
| <input type="checkbox"/> Receipts to support advertising expenses (If applicable). | |

If unable to send any of these documents please offer explanation on a separate sheet of paper.

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

N.B. In cases where a missing horse/pony is recovered subsequent to payment of a claim the claimant agrees to reimburse SEIS the full amount received in respect of their claim.

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

Declaration: I warrant that the above statements are true in every respect and the loss is not covered by any other insurance

Signature
X
Date / /

Signature
X
Date / /

SECTION D TO BE COMPLETED BY THE REPORTING OFFICER/VETERINARY SURGEON

Please ensure this section is completed and stamped

Police/Practice stamp (if applicable)

Date reported / /

Police registration No. (if applicable)

I confirm that the loss of the above horse/pony has been reported

Signature of vet or reporting officer
X
Date / /

Circumstances of Loss. (continued from SECTION A).
