

For SEIS use

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, PO Box 224, Huddersfield, HD8 1FS.

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



About policyholder(s)	1. When did you first notice the horse/pony was missing?	
Title Initial Surname	Date / /	Time
Address	Place	
County Postcode	2. Where and when was the horse/pony last seen?	
Daytime tel number	Date / /	Time
Email	Place	
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	3. If the horse/pony has been recovered, please state	
he cheque.	Date / /	Time
	Place	
About your horse/pony	 Please tell us the details of the police station the theft of your horse was reported to: Name 	
Policy No.		
	Address	
Horse/pony's name		
Sex Stallion / Colt Mare / Filly Gelding	County	Postcode
Age	Tel No. (incl. STD)	Ext.
Breed	Date reported /	1
Original purchase price: £ .	Police report No.:	
Date of purchase:		
4. Please advise circumstances of loss (continue overleaf if necessary)	6. Please tell us the details of	f 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 your mode ensuities as advanticed	2. Have you paid a reward	Yes
I. Have you made enquiries or advertised Yes No	A Have you baid a reward	Yes

SECTION C TO BE COMPLETED BY THE POLICYHOLD	ER(S)		
DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE Please tick if enclosed			
Freeze mark/branding documentation/passport.	Receipts, including name, address and te		
Any other relevant documents.		support a claim for reward (If applicable). 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.	
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		
	equent to payment of a claim the claimant agrees to reimburse SEIS the full am	ount 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	e in every respect and the loss is not covered by any other insurance		
Signature	Signature		
X	Date / /	Date / /	
•	Date / /	Date / /	
SECTION D TO BE COMPLETED BY THE REPORTING	OEEICEDA/ETEDINADY CIDCEON		
Please ensure this section is completed and stamped Date reported /	Police/Practice stamp (if applicable) /		
Police registration No. (if applicable)	1		
I confirm that the loss of the above horse/pony has been	reported		
Signature of vet or reporting officer			
Signature of ver of reporting officer			
^	Date / /		