



Scottish Equestrian
Insurance Services

Claim Form

This form can be used to submit a claim under the following benefits:

- Veterinary Fees
- Death
- Permanent Loss of Use
- Alternative Therapies
- Non-Veterinary Fees
- Disposal

If you are submitting a new claim: Complete sections 1 - 5 and pass the form to your vet to complete sections 6 - 9.

If you are submitting invoices for a Veterinary Fees continuation claim: Complete the shaded boxes only

Our aim is to deal with your claim as quickly and fairly as possible. To help us handle your claim please read the important notes section below:

IMPORTANT NOTES

- All sections must be completed unless advised otherwise. Any incomplete forms will be returned to you
- You are responsible for the costs of obtaining and submitting any information we request
- You are responsible for the payment of any excess that is applicable, and for any other amount which is not covered
- All invoices must be accompanied by a claim form, even when the claim is a continuation
- Please refer to your terms and conditions for complete details of your cover
- Please use one claim form per animal
- Scottish Equestrian Insurance Services administer the policy on behalf of Allianz Insurance plc which underwrites the policy

SUPPORTING DOCUMENTATION

You will need to enclose the following documents with your claim form

These need to be the original documents

Veterinary Fees

- Veterinary invoice(s)
- Invoice(s) for any alternative treatment/corrective shoeing
- Referral report (only applicable for referral claims)

Death

- Post mortem report
Unless we tell you this is not required.
- Disposal receipt
- Evidence of ownership
- Vets clinical history report

Permanent Loss of Use

- Vet's clinical history report
- Evidence of ownership

Alternative Therapies

- Original invoices

Non Veterinary Fees

- Original invoices

Please send the completed form to:

SEIS
PO Box 224
Huddersfield
HD8 1FS

If you have any questions with regard to completing this form please call:

 **0345 070 1063**

TO BE COMPLETED BY THE POLICYHOLDER

1 About you	
Title	<input type="text"/>
Initial	<input type="text"/>
Surname	<input type="text"/>
Your address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Daytime tel number	<input type="text"/>
Email	<input type="text"/>
Your policy number	<input type="text"/>

Please tick here if this is new and different to the address on your certificate of insurance.

If you are VAT rated please supply your VAT number.

2 About your horse			
Your horse's name	<input type="text"/>	Age	<input type="text"/>
Colour	<input type="text"/>	Height	<input type="text"/>
Sex	<input type="checkbox"/> Stallion / Colt	<input type="checkbox"/> Mare / Filly	<input type="checkbox"/> Gelding
Are you the only owner of the horse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	▶ Tell us who else shares ownership on a separate sheet
Have you (or any other owner) any other insurance for this horse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶ Tell us the details on a separate sheet
Was anyone else responsible for your horse when it was injured or became ill?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶ Tell us the details on a separate sheet
Name and address of your usual veterinary practice	Name <input type="text"/>	Tel No.	<input type="text"/>
	Address <input type="text"/>		

3 About your claim	
What are you claiming for?	
Veterinary Fees	<input checked="" type="checkbox"/> Yes ▶ Have you claimed for this condition before? <input type="checkbox"/> No ▶ Continue to complete claim form
	<input type="checkbox"/> Yes ▶ Claim ref. no. <input type="text"/>
Permanent Loss of Use	<input type="checkbox"/> Yes
Death/Humane destruction	<input type="checkbox"/> Yes ▶ When was the horse destroyed or when did it die?
	date <input type="text"/>
	time <input type="text"/> am / pm
Disposal costs	<input type="checkbox"/> Yes
Alternative Therapies	<input type="checkbox"/> Yes
Non-Veterinary Fees	<input type="checkbox"/> Yes
Give details of the injury or illness	<input type="text"/>
	<input type="text"/>
	▶ Please give precise details of the part of the body affected and attach a separate sheet if you need more space
What was the horse being used for at the time?	<input type="text"/>
Where was the horse when the injury happened or it first became ill?	<input type="text"/>
When did this happen?	time <input type="text"/> am / pm date <input type="text"/>
When was the vet first called?	time <input type="text"/> am / pm date <input type="text"/>
Are you claiming for the cost of remedial shoeing?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes ▶ If YES, how much does your shoeing normally cost?
	£ <input type="text"/> per set
Will any part of the claim be for dental treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Please give the dates of the last two dental checks
	date <input type="text"/>
	date <input type="text"/>
	▶ If any dental treatment was needed, was it carried out at the time? <input type="checkbox"/> No <input type="checkbox"/> Yes

4 Previous Veterinary History Please answer the following questions as fully as possible

A Has your horse ever had any illness, been injured or shown any signs of being unwell? No Yes ▶ *Please give details on a separate sheet*

B Did you ask the person you bought your horse from about its veterinary history? No Yes ▶ *What information did they give you?*

C Has your horse ever had a 2 or 5 stage veterinary examination? No Yes ▶ *If it has please send us a copy of the report. If we already have been sent a copy at inception of cover, please advise so that we may retrieve our records from archive.*

D Please provide details of all other insurance companies your animal has been insured with. We need their name, address, your policy number with them and full details of any claims you made

Company Name
Address

Policy Number

Full details of any claims you made

E If you have owned your horse for longer than it has been insured with us, and it was not previously insured, why did you decide to insure it when you did?

F Has any other vet seen your horse whilst it has been in your ownership? No Yes ▶ *If yes, please tell us their name, address and your address when with them if it was different to your current address.*

Name
Address

Your Address (if different)

5 Policyholder Declaration for you to fill in and sign

- I claim for the cost of treatment covered by my policy and agree that you will make any payment to the person or practice indicated below
(if only one of the joint policyholders is to be paid, please enter their name in the box marked 'other')

<input type="checkbox"/> Policyholder(s)	<input type="checkbox"/> Veterinary practice	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="text"/>

- I have agreed with my vet that they are going to send me a copy of this form and the invoices claimed for
- I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Your signature
if there are two policyholders shown on certificate of insurance each one must sign

--

date

Your signature
if there are two policyholders shown on certificate of insurance each one must sign

--

date

PLEASE ASK YOUR VET TO COMPLETE SECTIONS 6-9 ON THE REVERSE OF THIS FORM

TO BE COMPLETED BY THE ATTENDING VET

6 About the injury or illness	
Did the horse die due to this injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No ▶ A post mortem must be carried out unless we have advised this is not required
Was the horse euthanased due to the injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the horse's condition meet the guidelines set by BEVA for immediate destruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis of the illness or injury <i>Or give the clinical signs if you have not yet made a diagnosis.</i> <i>Please indicate the exact areas affected.</i>	Illness or injury <div style="border: 1px solid #ccc; height: 40px;"></div>
Have you sent us a claim for this illness or injury before?	<input type="checkbox"/> Yes <input type="checkbox"/> No ▼ go to section 7
When did this illness or injury first begin? <i>(as noted by you, by the client or on the horse's record)</i> If the horse has been seen before for: <ul style="list-style-type: none"> • this illness or injury; • any similar or related illness or injury; or • any similar or related clinical signs; please give us the history with dates Is the illness or injury likely to need further treatment?	date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Details <div style="border: 1px solid #ccc; height: 40px;"></div> <div style="border: 1px solid #ccc; height: 40px;"></div> <div style="border: 1px solid #ccc; height: 40px;"></div> Is the illness or injury being claimed for related to this history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

7 Alternative therapies for the vet to fill in	
Did you recommend any alternative treatment? <i>If the horse requires remedial shoeing please advise how many feet this is for</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ <i>If YES please detail treatment recommended</i>
	Details <div style="border: 1px solid #ccc; height: 40px;"></div> <div style="border: 1px solid #ccc; height: 40px;"></div> <div style="border: 1px solid #ccc; height: 40px;"></div>

8 Treatment and fees for the vet to fill in	
First and last date of treatment being claimed for	first <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> last <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ▶ Please attach detailed invoices listing dates, treatment and medication for each illness or injury

9 Declaration for the vet or a person authorised by the vet to fill in and sign	
<ul style="list-style-type: none"> • I have checked the information on this claim form and as far as I know it is correct • The fees I have charged are no higher than my normal fees • I will provide the client with a copy of this form and the invoices claimed for 	Practice stamp <div style="border: 1px solid #ccc; height: 60px;"></div>
Signature <div style="border: 1px solid #ccc; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>	date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e-mail address <input type="text"/>

PLEASE RETURN THE COMPLETED FORM TO SEIS, PO BOX 224, HUDDERSFIELD, HD8 1FS WITH THE APPROPRIATE INVOICES ATTACHED.