



Scottish Equestrian
Insurance Services

For SEIS use

Claim form for prescription medication

(purchased from either a pharmacy or online)

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

The completed form should be emailed to equine-claims@allianz.co.uk.

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.



0345 070 1063

Please phone if you have any questions regarding this form.

Are you completing this form for a:

New illness or injury

☐

Complete all sections clearly and in full.

Continuation illness or injury

☐

Complete shaded sections only.

Please complete the form and ensure it is saved before you send it. Missing information will delay your claim.

YOUR DETAILS (PLEASE COMPLETE IN ALL CIRCUMSTANCES)

Policy Number

Title

Initial

Surname

Daytime tel number

Email

Address

County

Postcode

THE HORSE

Stable Name

Registered Name

Purchase date

Breed

Date of Birth

Height

Colour

Stallion / Colt

☐

Gelding

☐

Mare

☐

DETAILS OF YOUR HORSE'S ILLNESS/INJURY

For each condition you are claiming for, please tell us the name of the medication you purchased and the details of the vet who prescribed this medication.

Condition 1

Condition name

Name of prescription medication purchased online/from a pharmacy

Total £

I confirm I have attached a copy of the prescription(s)

☐

I confirm I have attached a copy of the invoice/receipt

☐

Details of the vet who prescribed this medication.

Practice name

Practice address

Postcode

If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.

Did the illness or injury result in the death of your horse? Yes

☐

No

☐

Date of death

/

/

Condition 2

Condition name

Name of prescription medication purchased online/from a pharmacy

Total £

I confirm I have attached a copy of the prescription(s)

☐

I confirm I have attached a copy of the invoice/receipt

☐

Details of the vet who prescribed this medication.

Practice name

Practice address

Postcode

If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.

Did the illness or injury result in the death of your horse? Yes

☐

No

☐

Date of death

/

/

PAYEE DETAILS

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

By completing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.

Name of Policyholder

Date

/

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Scottish Equestrian Insurance Services (SEIS) is a trading name of Allianz Insurance plc, (Registered in England No. 84638). Registered office address: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.