

## For SEIS use

## **Claim Form - Saddlery and tack**

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



SECTION A TO BE COMPLETED BY THE POLICYHOLDER(S)										
About policyholder(s)			About your horse							
Title	Initial	Surname	Policy No.							
Address										
County		Postcode	Horse's full r	name						
Daytime tel number			Horse's stable name							
Email			Do you own	any other h	iorse(s) n	iot insure	d by SEIS	?	Yes	No
Please tick here if new address			Was their tack stolen/damaged as a result of the same incident?							
		e person(s) shown on the certificate. If two people accounts, please enter below the name to appear on							Yes	No

SECTION B TO BE COMP	PLETED BY THE POLICYHOLDER(S)						
Household contents	insurer's details	Policy No.					
Name							
Address		1 Are there any other insurances in force covering the same property?					
		Yes No					
County	Postcode	2 Have you made any claim against any other policy in respect of this					
Tel number		Saddlery and Tack?					
PLEASE NOT	TE IF YOU DO NOT HAVE ANY HOUSEHOLI	D INSURANCE WRITE 'NONE' - BLANKS OR 'N/A' ARE NOT ACCEPTABLE					

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)							
Details of missing/damaged items   1 Are you the sole owner of the items? (if no, please give full details)   Yes		Please state the replacement value of all the Saddlery and Tack you owned at the time of loss					
Please describe each stolen/damaged item, giving brand name where appropriate, whether it was purchased new or second-hand and the date of purchase. Please also state its purchase price and the replacement cost – continue on a separate piece of paper if necessary.							
Item	New or second-hand	Date of purchase	Purchase price	Replacement value			
			£	£			
			£	£			
			£	£			
			£	£			
			£	£			
Total amount claimed £							

SECTION D TO BE COMPLETED BY THE POLICYHOLDER(S)					
Details of loss/damage/theft					
1 Give the date and time the loss/damage/theft occurred am	5 Please explain the precautions taken to prevent the loss/damage/				
Date / / Time pm	theft, including details of the locks on doors and windows if your claim involves theft from a building				
2 Give the exact location/address of the loss/damage/theft	orann niforroo alort norn a banang				
	6 In respect of Damage claims only - is the damage repairable?				
	Yes No				
	7 Please advise what steps have been taken to recover the lost items				
3 Give full details of how the loss/damage/theft occurred including the name(s) of any witnesses (in cases of theft, please advise how entry was gained etc)					
	8 When were the police informed? am				
	Date / / Time pm				
	<b>9</b> Give the name and address of the police station:				
	Station name				
	Address				
	County Postcode				
	Telephone No. (incl. STD)				
	Officers name and No.				
	Crime report number				
	Please ask Police Officer to place Official stamp in the box below				
	Official stamp				
4 When was the property last seen by you? am					
Date / / Time pm					
PLEASE RETAIN ANY DAMAGED PROPER	TY, IT MAY BE REQUIRED AS SALVAGE				
SECTION E TO BE COMPLETED BY THE POLICYHOLDER(S)					
DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:					
ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE Please tick if enclosed:	Crime report (if applicable)				
Saddler's written confirmation that each item is damaged	Original purchase receipts				
beyond repair (stating the approximate value before damage)	Photographs of any damage				
Two quotations for current replacement cost of exact equivalent item(s)	Photographs showing the damage to the place the items were stolen from				
Two estimates for repair (if applicable)   Please tick the number of docum	nents enclosed including this form 1 2 3 4 5 6 7 8 9 10				
SECTION F TO BE COMPLETED BY THE POLICYHOLDER(S)					
HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?					
Please email attachments to equine-claims@allianz.co.uk or post them to Petplan Equine, PO Box 222, Huddersfield, HD8 1FQ along with the completed claim form. 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.					
Name	Name				
Date / /	Date / /				

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