



Scottish Equestrian
Insurance Services

For SEIS use

Claim Form - Trailer and horse-drawn vehicle

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**



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.

About your horse

Policy No.

Horse's full name

Horse's stable name

Do you own any other horse(s) not insured by SEIS? ☐ Yes ☐ No

SECTION B TO BE COMPLETED BY THE POLICYHOLDER(S)

Trailer/horse-drawn vehicle details

1 Make and model

2 Chassis/serial/identification No.

3 Year of manufacture

4 Date of purchase

5 Purchase price £

6 Current value £

7 Where purchased

8 Nature and extent of general usage

9 Where normally kept

10 Are you the sole owner? ☐ Yes ☐ No

If NO please provide full details separately

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)

Details of Loss

1 Give the date and time the loss/damage/theft occurred
Date / / Time am pm

2 Give the exact location of the loss/damage/theft

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)

4 Please detail the precautions taken out to prevent the loss/damage/theft

5 Please advise what steps have been taken to recover the missing trailer/horse-drawn vehicle

<p>6 When was the trailer/horse-drawn vehicle last seen by you? am</p> <p>Date / / Time pm</p> <hr/> <p>7 When were the police informed? am</p> <p>Date / / Time pm</p> <hr/> <p>8 Give the name and address of the police station:</p> <p>Station name</p> <hr/> <p>Address</p> <hr/> <p>County Postcode</p> <hr/> <p>Tel number</p>	<p>Officers name and No.</p> <hr/> <p>Crime report number</p> <hr/> <p>Please ask Police Officer to place Official stamp in the box below</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>
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SECTION D TO BE COMPLETED IN RESPECT OF DAMAGE CLAIMS

<p>1 Is the damage repairable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>2 (a) Was any vehicle/horse involved other than the towing vehicle/horse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>(b) If YES, please advise</p> <p>Name of owner</p> <hr/> <p>Address</p> <hr/> <p>County Postcode</p> <hr/> <p>Daytime tel number</p>	<p>Details of insurer</p> <hr/> <p>Name of insurer</p> <hr/> <p>Address</p> <hr/> <p>County Postcode</p> <hr/> <p>Policy No.</p> <hr/>
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PLEASE RETAIN ANY DAMAGED PROPERTY,
IT MAY BE REQUIRED AS SALVAGE

SECTION E TO BE COMPLETED IN RESPECT OF HORSE-DRAWN VEHICLES ONLY

<p>1 Was horse-drawn vehicle fully restored when purchased/acquired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>2 If No, what additional work has been carried out since and at what time/cost?</p> <hr/> <p>3 Is work provided for in the estimate solely to repair to pre-accident condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4 What events/shows/displays (if any) have been entered and with what results?</p> <hr/> <p>5 Are there any further details you would like us to consider in determining the pre-accident value?</p> <hr/>
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SECTION F TO BE COMPLETED BY THE POLICYHOLDER(S)

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

<p>All claims</p> <p><input type="checkbox"/> Original purchase receipts</p> <p><input type="checkbox"/> Two estimates for repair (if applicable)</p> <p><input type="checkbox"/> Crime report (if applicable)</p> <p><input type="checkbox"/> Photographs of any damage</p> <p><input type="checkbox"/> Photographs of where the trailer was kept and damage done to security (locks, doors etc) if stolen</p>	<p>Trailers only</p> <p><input type="checkbox"/> Quotation for current replacement cost of exact equivalent item(s)</p> <p><input type="checkbox"/> Advertisements, letter from supplier etc. to support current value</p> <p><input type="checkbox"/> Repairer's written confirmation that trailer is damaged beyond repair (stating the approximate value before damage)</p>
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Please tick the number of documents enclosed including this form

1	2	3	4	5	6	7	8	9	10
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SECTION G 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.

<div style="background-color: #d9e1f2; padding: 5px; border: 1px solid #0056b3;">Name</div> <div style="background-color: #d9e1f2; padding: 5px; border: 1px solid #0056b3; margin-top: 20px;">Date / /</div>	<div style="background-color: #d9e1f2; padding: 5px; border: 1px solid #0056b3;">Name</div> <div style="background-color: #d9e1f2; padding: 5px; border: 1px solid #0056b3; margin-top: 20px;">Date / /</div>
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