



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 EMAIL THE COMPLETED
CLAIM FORM TO**
equine-claims@allianz.co.uk.

You can also print the form
and post it to us at:

**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="checkbox"/> 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. |
| | <input type="text"/> | | | | |
| | Postcode <input type="text"/> | | | | |
| | Daytime tel number <input type="text"/> | | | | |
| | Email <input type="text"/> | | | | |
| Your policy number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 | <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 | <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 | <input type="checkbox"/> Yes ► Tell us the details on a separate sheet | |
| Name and address of your usual veterinary practice | Name <input type="text"/> Address <input type="text"/> <input type="text"/> | Tel No. | <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 | | If you claimed for this illness or injury before please tell us the claim number and go to section 5 |
| Death/Humane destruction | <input type="checkbox"/> Yes ► When was the horse destroyed or when did it die? | date <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | time <input type="text"/> am <input type="text"/> 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"/> | | ► 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 <input type="text"/> pm | date <input type="text"/> <input type="text"/> <input type="text"/> | ► If there was a delay of more than 24 hours before the vet attended please advise the reasons behind this on a separate sheet of paper |
| When was the vet first called? | time <input type="text"/> am <input type="text"/> pm | date <input type="text"/> <input type="text"/> <input type="text"/> | |
| Are you claiming for the cost of remedial shoeing? | <input checked="" type="checkbox"/> No <input 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"/> <input type="text"/> <input type="text"/> | |
| | | date <input type="text"/> <input type="text"/> <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="checkbox"/> Other | |

- 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 name

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

X

| | | | |
|------|--|--|--|
| date | | | |
|------|--|--|--|

Your signature

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

X

| | | | |
|------|--|--|--|
| 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 | |
|--|---|
| <p>Did the horse die due to this injury or illness?</p> <p>Was the horse euthanased due to the injury or illness?</p> <p>Did the horse's condition meet the guidelines set by BEVA for immediate destruction?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>► A post mortem must be carried out unless we have advised this is not required</p> |
| <p>Diagnosis of the illness or injury</p> <p><i>Or give the clinical signs if you have not yet made a diagnosis.</i></p> <p><i>Please indicate the exact areas affected.</i></p> | <p>Illness or injury</p> <div></div> |
| <p>Have you sent us a claim for this illness or injury before?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>▼ go to section 7</p> |
| <p>When did this illness or injury first begin? (as noted by you, by the client or on the horse's record)</p> <p>If the horse has been seen before for:</p> <ul style="list-style-type: none"> this illness or injury; any similar or related illness or injury; or any similar or related clinical signs; <p>please give us the history with dates</p> <p>Is the illness or injury likely to need further treatment?</p> | <p>date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Details</p> <div></div> <p>Is the illness or injury being claimed for related to this history? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 7 Alternative therapies for the vet to fill in | |
| <p>Did you recommend any alternative treatment?</p> <p><i>If the horse requires remedial shoeing please advise how many feet this is for</i></p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes ► <i>If YES please detail treatment recommended</i></p> <p>Details</p> <div></div> |
| 8 Treatment and fees for the vet to fill in | |
| <p>First and last date of treatment being claimed for</p> | <p>first <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"/></p> <p>► Please attach detailed invoices listing dates, treatment and medication for each illness or injury</p> |
| 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 <p>Name <input type="text"/></p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>Practice stamp <input type="text"/></p> <p>e-mail address <input type="text"/></p> |

PLEASE EMAIL THE COMPLETED CLAIM FORM TO EQUINE-CLAIMS@ALLIANZ.CO.UK
WITH THE APPROPRIATE INVOICES ATTACHED.