



Scottish Equestrian
Insurance Services

For SEIS use

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Claim Form - Loss by theft or straying

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.

1. When did you first notice the horse/pony was missing?

Date / / Time

Place

2. Where and when was the horse/pony last seen?

Date / / Time

Place

3. If the horse/pony has been recovered, please state

Date / / Time

Place

About your horse/pony

Policy No.

Horse/pony's name

Sex Stallion / Colt Mare / Filly Gelding

Age

Breed

Original purchase price: £ .

Date of purchase:

4. Please advise circumstances of loss (continue overleaf if necessary)

5. Please tell us the details of the police station the theft of your horse was reported to:

Name

Address

County Postcode

Tel No. (incl. STD) Ext.

Date reported / /

Police report No.:

6. Please tell us the details of any veterinary surgeries the loss was reported to:

Name

Address

County Postcode

Tel No. (incl. STD) Ext.

Date reported / /

Police report No.:

SECTION B TO BE COMPLETED BY THE POLICYHOLDER(S)

1. Have you made enquiries or advertised for information, if so please give full details and attach receipts. Please state amount Yes No £

2. Have you paid a reward (agreed in advance with SEIS) Yes No Please state amount £

continued overleaf

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)

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

- Freeze mark/branding documentation/passport.
- Any other relevant documents.
- Receipts to support advertising expenses (If applicable).
- Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable).
- Written confirmation of loss by the police. If written confirmation cannot be provided an official Police/Veterinary stamp and other information requested will be required in SECTION D below.

If unable to send any of these documents please offer explanation on a separate sheet of paper.

Please tick the number of documents enclosed including this form

1	2	3	4	5	6	7	8
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We recommend you send any original documents to us by recorded delivery. Petplan Equine, PO Box 222, Huddersfield, HD8 1FQ.

N.B. In cases where a missing horse/pony is recovered subsequent to payment of a claim the claimant agrees to reimburse SEIS the full amount received in respect of their claim.

If the policy is in joint names both signatures are required.

Declaration: I warrant that the above statements are true in every respect and the loss is not covered by any other insurance

Name
Date / /

Name
Date / /

SECTION D TO BE COMPLETED BY THE REPORTING OFFICER/VETERINARY SURGEON

Please ensure this section is completed and stamped

Police/Practice stamp (if applicable)

Date reported / /

Police registration No. (if applicable)

I confirm that the loss of the above horse/pony has been reported

Name of vet or reporting officer
Date / /

Circumstances of Loss. (continued from SECTION A).