

## TRAILER INSURANCE CLAIM FORM

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Please complete the claim form fully, using a black pen and block capitals.  
Incomplete claim forms are likely to delay the assessment of the claim.

Policy No:

### Section 1 - Policyholder details - Policyholder to complete

Name

Address

Postcode

Daytime tel. no.

Mobile tel. no.

Email

### Section 2 - Trailer details - Policyholder to complete

Make

Model

Manufacture date

Date of purchase

Price paid £

Is there currently finance outstanding on this trailer?

Yes

No

If yes, please provide details of the finance company below.

Finance company's  
contact details

Postcode

Phone No.

### Section 3 - What are you claiming for? - Policyholder to complete

Please tick all the relevant boxes

☐ Fire & Theft

☐ European Use

☐ Accidental Damage

☐ Loss of Entry Fees

☐ Replacement Hire

☐ Recovery & Delivery

### Section 4 - Incident details - Policyholder to complete

Exact date and time of incident

Date

Time

Please provide us with the details of where the incident occurred

Postcode

Please provide us with a full description of events. If necessary please use a diagram to assist. Please use a separate sheet of paper if you require further space.



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### Section 5 - Claims for theft - Policyholder to complete

Have you reported the incident to the Police? Yes ☐ No ☐

Date reported to the police

Reporting officer

Police station reported to

Crime reference No

**Do not dispose of keys to stolen security devices as they may be required. For claims of this nature you are required to provide us with a proof of purchase.**

### Section 6 - Claims for Accidental Damage - Policyholder to complete

Please provide us with details of two establishments from which you have obtained repair estimates

Postcode

Postcode

**Please ensure that the estimates of repair are sent with your claim. Please note that we do not cover any costs in relation to storage costs, you are responsible for any costs. In the event of a total loss claim these fees must be settled before the trailer can be collected and settlement is issued.**

### Section 7 - Replacement Hire - Policyholder to complete

Dates of hire

From

To

**Please provide us with the hire agreement along with the invoices for the hire.**

### Section 8 - Loss of Entry Fees - Policyholder to complete

Dates of competition

From

To

**Please ensure you send us all receipts for fees paid with the claim form and confirmation you didn't attend.**

**In the event that claims settlement becomes due we will issue settlement by BACS transfer. Where bank details have not been provided or this is not possible, settlement will be dispatched by cheque.**

### Policyholder declaration

I hereby declare that the details given by me are to the best of my knowledge, true and complete.

Policyholder's signature \_\_\_\_\_ Date \_\_\_\_\_

#### Important Notes

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- The Insurance Emporium reserve the right to appoint loss adjusters to review the claim and also to request further information from previous insurers
- Please check your policy documents for the excess applicable



# Guidance notes for completing your policyholder claim form

To avoid any delay in assessing your claim, please ensure you complete **all sections** and enclose all requested documentation when returning the form.

**TRAILER INSURANCE CLAIM FORM**

Please complete the claim form fully, using a black pen and block capitals. Incomplete claim forms are likely to delay the assessment of the claim.

**Section 1 - Policyholder details - Policyholder to complete**

Name: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile tel. no.: \_\_\_\_\_  
Daytime tel. no.: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 2 - Trailer details - Policyholder to complete**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Manufacture date: \_\_\_\_\_ Price paid £: \_\_\_\_\_ Yes ☐ No ☐  
Date of purchase: \_\_\_\_\_  
Is there currently finance outstanding on this trailer? Yes ☐ No ☐  
If yes, please provide details of the finance company below.  
Finance company's contact details: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Section 3 - What are you claiming for? - Policyholder to complete**

Please tick all the relevant boxes

☐ Fire & Theft ☐ European Use  
☐ Accidental Damage ☐ Loss of Entry Fees  
☐ Replacement Hire ☐ Recovery & Delivery

**Section 4 - Incident details - Policyholder to complete**

Exact date and time of incident: (Date) \_\_\_\_\_ (Time) \_\_\_\_\_  
Please provide us with the details of where the incident occurred  
Postcode: \_\_\_\_\_  
Please provide us with a full description of events. If necessary please use a diagram to assist. Please use a separate sheet of paper if you require further space.

1. Please tell us your **policy number**.

2. Fill in your **contact details** including **full name** and **address**. Please provide a **phone number** and **email address**.

3. Please fill in **all** of the boxes relating to the **details** of your **trailer**.

4. Tick **all** of the relevant boxes to let us know the **reason** for your **claim**.

5. Give us as much **detail** regarding the incident as possible.

## Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Do we have **your** details?
- ☒ Have you told us the **full details** of your **trailer**?
- ☒ Have **you** told us what you are **claiming** for?
- ☒ Have you filled in details of the **incident**?

To avoid any delay in assessing your claim, please ensure you complete **all sections** and enclose all requested documentation when returning the form.

*Need some help?*  
Call us on  
**03300 244 006**  
Mon - Fri 8.00am - 7.00pm, Sat - 9.00am - 12.00pm

**THE INSURANCE**  
*Emporium*

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**Section 5 - Claims for theft** - Policyholder to complete

Have you reported the incident to the Police? Yes ☐ No ☐

Date reported to the police  Reporting officer

Police station reported to

Crime reference No

Do not dispose of keys to stolen security devices as they may be required. For claims of this nature you are required to provide us with a proof of purchase.

**Section 6 - Claims for Accidental Damage** - Policyholder to complete

Please provide us with details of two establishments from which you have obtained repair estimates

Postcode

Postcode

Please ensure that the estimates of repair are sent with your claim. Please note that we do not cover any costs in relation to storage costs, you are responsible for any costs. In the event of a total loss claim these fees must be settled before the trailer can be collected and settlement is issued.

**Section 7 - Replacement Hire** - Policyholder to complete

Dates of hire  From  To

Please provide us with the hire agreement along with the invoices for the hire.

**Section 8 - Loss of Entry Fees** - Policyholder to complete

Dates of competition  From  To

Please ensure you send us all receipts for fees paid with the claim form and confirmation you didn't attend.

In the event that claims settlement becomes due we will issue settlement by BACS transfer. Where bank details have not been provided or this is not possible, settlement will be dispatched by cheque.

**Policyholder declaration**

I hereby declare that the details given by me are to the best of my knowledge, true and complete. Date

Policyholder's signature

**Important Notes**

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- The Insurance Emporium reserve the right to appoint loss adjusters to review the claim and also to request further information from previous insurers
- Please check your policy documents for the excess applicable

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6. In the event of **theft** please tell us whether the incident has been reported to the police, providing **full details**, including **date** and **crime reference number**.

7. If your claim relates to **accidental damage**, then you will need to provide us with **two** different **estimates** for **repairs**.

8. If you had to arrange **replacement hire** then you will need to provide us with **full details**.

9. If you suffered **loss of entry fees** then you will need to provide us with **full details**.

10. Ensure you **sign** and **date** the form.

## Double checked?

When sending your completed form to us, please ensure:

- ☒ Have you provided **full details** in the event of theft?
- ☒ Have you provided **full details** in the event of accidental damage?
- ☒ Have you provided **full details** in the event of replacement hire?
- ☒ Have you provided **full details** in the event of loss of entry fees?
- ☒ Have you **signed** and **dated** your claim form?

# What happens next?

- 1** Please ensure you have filled in your claim form correctly and truthfully completed **all** sections and attached any **relevant documentation**. Forms can be sent by:

  - *Email:* claims@emporium.co.uk
  - *Fax:* 03300 242 971
  - *Post:* The Insurance Emporium,  
Thorpe Underwood Hall,  
Ouseburn,  
York,  
YO26 9SS
- 2** You will be contacted within **2 working days** to acknowledge receipt of your claim form. Once we have received your form and all relevant supporting documentation we aim to assess the claim in a prompt and timely manner.
- 3** If your claim is successful, payment will be issued to you or your vet by BACS minus the policy excess and anything else not covered under the policy. If we do not hold account details payment will be issued by cheque.