



Mon - Fri 8.00am - 7.00pm, Sat - 9.00am - 12.00pm

VETERAN HORSE CLAIM FORM	- VET'S FEES Page 1/2	
Are you completing this form for a:	Policy No:	
New claim		
Continuation of a claim - Please complete sections in silver only		
Please complete the claim form fully, using a black Incomplete claim forms are likely to delay the asset		
Section 1 - Policyholder details - Policyholder to complete		
Name		
Address		
	Postcode	
Daytime tel. no.	Mobile tel. no.	
Email		
Section 2 - Horse details - Policyholder to	o complete	
Stable name	Registered name	
Age of horse	Type of horse Stallion/Colt Mare/Filly Gelding	
Height of horse	Date you took ownership of your horse?	
Was your horse vetted at purchase?	Yes No	
If yes, a copy of the veterinary certificate is required in the first year of ownership.		
Condition you are claiming for and date you	noticed your horse was injured	
Injury	Date	
In the event that claims settlement becomes due have not been provided or this is not possible, se	we will issue settlement by BACS transfer. Where bank details ttlement will be dispatched by cheque.	
Please indicate whether you would like settlement to be issued to yourself or the vet:		
Me Vet Vet name		
If your horse has been registered with your current	e vet less than 3 years, please provide details of your previous vet.	
Name	e Address	
	Postcode	
Could this claim potentially be covered under another insurance?  Yes No		
(If yes, please provide policy details		
Policyholder declaration		
	o the best of my knowledge, true and complete. I authorise the vet	
Policyholder's signature Important Notes	Date	
• Please note that the issue of this form does not c	point loss adjusters or veterinary consultants to review the claim rent vets or previous insurers	







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Are you completing this form for a:  New claim	Policy No:	
Continuation of a claim - Please complete sections in silver only		
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 3 - Vet details		
Vet name		
Vet address		
	Postcode	
(Vet tel. no.		
(Vet email		
Section 4 - Details of Condition and Treatment	s aiven	
Have you or do you intend to refer this horse to another  If yes, please state the name and address below and include a		
if yes, please state the name and address below and include a	referral report and their invoices.	
How long has the horse been registered at your practice?		
You must enclose full clinical history for the past 3 years (if this is not attached this will delay the client's claim)		
Injury		
Date Costs of treatment		
In your opinion when did this condition/injury begin? Date		
Is this condition a continuation of previous treatment?	Yes No	
Has any complementary treatment been recommended as part of the claim?  (E.g. physiotherapy or remedial shoeing)  Yes No		
If yes, please provide more information below.		
Vet practice declaration		
I certify that the details above are accurate and complete and the and are the usual fees charged by this practice.	nat the fees charged are reasonable and necessary	
Vet name Practice	e name	
Vet's signature	Date	

**ET SECTION - TO BE COMPLETED BY VETERINARY STAFF** 





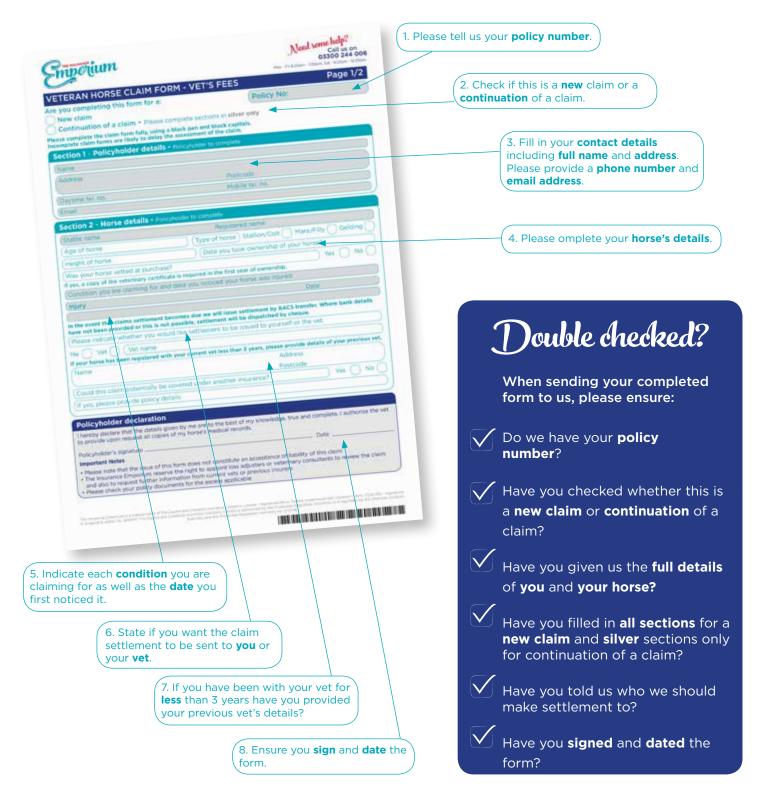


Need some help?

Call us on
03300 244 006

## Guidance notes for completing your policyholder claim form

If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.

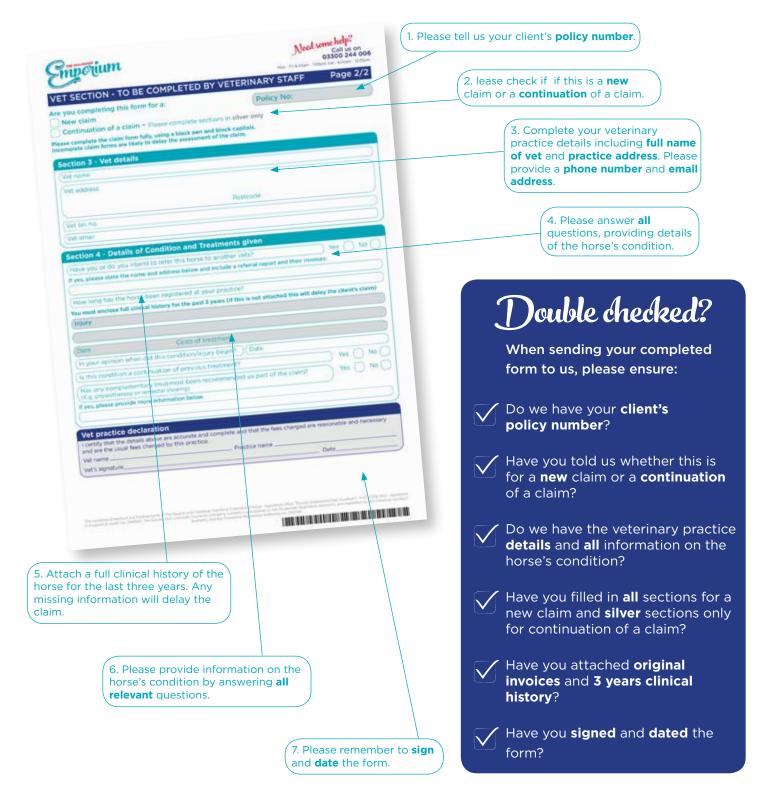






## Guidance notes for completing your veterinary practice claim form

If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your client's claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.







## What happens next?

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

- 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.
- 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.