

## HORSE CLAIM FORM - VET'S FEES

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Are you completing this form for a:

- ☐ New claim
- ☐ Continuation of a claim - Please complete sections in **silver** only

Policy No:

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

Address

Postcode

Daytime tel. no.

Mobile tel. no.

Email

### Section 2 - Horse details - Policyholder to 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 unwell

Condition A

Date

Condition B

Date

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.

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 vet less than 3 years, please provide details of your previous vet.

Name

Address

Postcode

Could this claim potentially be covered under another insurance?

Yes

☐

No

☐

If yes, please provide policy details

### Policyholder declaration

I hereby declare that the details given by me are to the best of my knowledge, true and complete. I authorise the vet to provide upon request all copies of my horse's medical records.

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 or veterinary consultants to review the claim and also to request further information from current vets or previous insurers
- Please check your policy documents for the excess applicable



## VET SECTION - TO BE COMPLETED BY VETERINARY STAFF

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Are you completing this form for a:

☐

New claim

☐

Continuation of a claim - Please complete sections in **silver only**

Policy No:

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 Treatments given

Have you or do you intend to refer this horse to another vets?

Yes

☐

No

☐

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)**

Condition A

Date

Costs of treatment

Condition B

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 that the fees charged are reasonable and necessary and are the usual fees charged by this practice.

Vet name \_\_\_\_\_ Practice name \_\_\_\_\_

Vet's signature \_\_\_\_\_ Date \_\_\_\_\_



# 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.

**HORSE CLAIM FORM - VET'S FEES**

Are you completing this form for a:

☐ New claim

☐ 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 1 - Policyholder details** - Policyholder to complete

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Daytime tel. no. \_\_\_\_\_

Mobile tel. no. \_\_\_\_\_

Email \_\_\_\_\_

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

Stable name \_\_\_\_\_

Age of horse \_\_\_\_\_

Height of 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 unwell

Condition A \_\_\_\_\_ Date \_\_\_\_\_

Condition B \_\_\_\_\_ Date \_\_\_\_\_

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.

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 vet less than 3 years, please provide details of your previous vet.

Name \_\_\_\_\_ Address \_\_\_\_\_

Postcode \_\_\_\_\_

Could this claim potentially be covered under another insurance? ☐ Yes ☐ No

If yes, please provide policy details

**Policyholder declaration**

I hereby declare that the details given by me are to the best of my knowledge, true and complete. I authorise the vet to provide upon request all copies of my horse's medical records.

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 or veterinary consultants to review the claim and also to request further information from current vets or previous insurers
- Please check your policy documents for the excess applicable

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

2. Check if this is a **new** claim or a **continuation** of a claim.

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

4. Complete your **horse's details**.

5. Indicate each **condition** you are claiming for as well as the **date** you first noticed it.

6. State if you want the claim settlement to be sent to **you** or your **vet**.

7. If you have been with your vet for **less than 3 years** have you provided your previous vet's details?

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

## Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Have you told us whether this is for a **new** claim or a **continuation** of a claim?
- ☒ Do we have **your details** and your **horse's details**?
- ☒ Have you filled in **all** sections for a new claim and **silver** sections only for continuation of a claim?
- ☒ Have you told us who we should make settlement to?
- ☒ Is the form **signed** and **dated** at the bottom?

# 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.

1. Please tell us your client's **policy number**.

2. Check if this is a **new** claim or a **continuation** of a claim.

3. Complete your veterinary practice details including **full name of vet** and **practice address**. Please provide a **phone number** and **email address**.

4. Answer **all** questions, providing details of the horse's condition.

5. Attach a **full clinical history** of the horse for the last **three** years. Any missing information will delay the claim.

6. Provide information on the horse's condition by answering **all relevant** questions.

7. Make sure to **sign** and **date** the form.

## Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **client's policy number**?
- ☒ Have you told us whether this is for a **new** claim or a **continuation** of a claim?
- ☒ Do we have the veterinary practice **details** and **all** information on the horse's condition?
- ☒ Have you filled in **all** sections for a new claim and **silver** sections only for continuation of a claim?
- ☒ Have you attached **original invoices** and **3 years clinical history**?
- ☒ Is the form **signed** and **dated** at the bottom?

# 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.