



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

	.ES Page I/.
you completing this form for a:	Policy No:
New claim	
Continuation of a claim - Please comple	
ise complete the claim form fully, using a black implete claim forms are likely to delay the asse	
ection 1 - Policyholder details - Policy	yholder to complete
lame	
Address	
	Postcode
aytime tel. no.	Mobile tel. no.
mail	
ection 2 - Horse details - Policyholder to	o complete
table name	Registered name
	Type of horse Stallion/Colt Mare/Filly Gelding
leight of horse	Date you took ownership of your horse?
Vas your horse vetted at purchase?  yes, a copy of the veterinary certificate is requir	Yes No red in the first year of ownership.
Condition you are claiming for and date you	
ondition A	Date
Condition B	Date
the event that claims settlement becomes due ve not been provided or this is not possible, se	we will issue settlement by BACS transfer. Where bank details
lease indicate whether you would like settle	
e Vet Vet name	
	t vet less than 3 years, please provide details of your previous vet
lame	Address
	Postcode
could this claim potentially be covered unde	er another insurance? Yes No
yes, please provide policy details	
olicyholder declaration	
ereby declare that the details given by me are to	o the best of my knowledge, true and complete. I authorise the venedical records.
provide upon request all copies of my horse's m	
provide upon request all copies of my horse's m	Date

The Insurance Emporium is a trading name of The Equine and Livestock Insurance Company Limited - registered office: Thorpe Underwood Hall, Ouseburn, York, YO26 9SS - registered in England & Wales no: 294940. The Equine and Livestock Insurance Company Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority no. 202748.

• Please check your policy documents for the excess applicable







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<b>VET SECTION -</b>	VET SECTION - TO BE COMPLETED BY VETERINARY STAFF Page 2/2			e 2/2
Are you completing	this form for a:	Policy No:		
New claim	olaina - Diagga agraphata agat	iona in alluer anlu		
	a claim - Please complete sect			
Incomplete claim forms a	m form fully, using a black pen and are likely to delay the assessment	of the claim.		
Section 3 - Vet de	tails			
Vet name				
Vet address				
		Postcode		
Vet tel. no.				
Vet email				
Section 4 - Detail	s of Condition and Treatn	nents given		
(Have you or do you i	intend to refer this horse to and	other vets?	Yes N	lo 🔘
If yes, please state the i	name and address below and inclu	ide a referral report and their in	nvoices:	
How long has the ho	orse been registered at your pra	ictice?		
	linical history for the past 3 years	(if this is not attached this will	delay the client's cla	im)
Condition A				
Date	Costs of treatmen	t		
Condition B				
Date	Costs of treatmen	t		
In your opinion when	n did this condition/injury begir	n? Date		
Is this condition a co	ntinuation of previous treatme	nt?	Yes N	lo 🔘
Has any complement (E.g. physiotherapy or	tary treatment been recommen remedial shoeing)	nded as part of the claim?	Yes N	lo 📗
If yes, please provide m	ore information below.			
Vet practice decla				
I certify that the details and are the usual fees cl	above are accurate and complete a harged by this practice.	and that the fees charged are re	easonable and necess	ary
Vet name	Pr	ractice name		
Vet's signature			Date	

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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.

Need some help? Call us on 2300 244 006	1. Please tell us your <b>policy number</b> .
THE INSUBANCE Mon - Fri 8.00am - 70.00pm Sat - 9.00am - 12.00pm	
PARSE CLAIM FORM - VET'S FEES	2. Check if this is a <b>new</b> claim or a <b>continuation</b> of a claim.
New claim	
	3. Fill in your <b>contact details</b>
Please complete the Chains are likely to delay the assessment of the Chain forms are likely to delay t	including <b>full name</b> and <b>address</b> .
Name	Please provide a <b>phone number</b> and
Address Potter Mobile tel. no.	email address.
Daytime tel. no.	
Section 2 - Horse details - Policyholder to complete  Registered name  Registered name	
Carry of borse Alexander of bors	4. Complete your <b>horse's details</b> .
61 200	
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Please indicate whether you would like settlement to be s	ot.
If your horse has been registered.	When sending your completed
Could this claim intentially be covered under another insurance?	form to us, please ensure:
Could this claim notentially be covered.	
(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 provide upon request all copies of my horse's hedical records.  Date	e vot
Policyholder declaration  The details given by me are to the best of my knowledge, true and complete. I addition the details given by me are to the details	Do we have your <b>policy</b>
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Policyholder's signatury  Important Notes  - Please note that the issue of this form does not constitute an acceptance of liability of this claim  - Please note that the issue of this form does not constitute an acceptance or liability of this claim  - The Insurance Emporting reserve the right to appoint loss adjusters or veterialary consultants to review the claim  - The Insurance Emporting reserve the right to appoint loss adjusters or review insurers  - The Insurance Company of the Company of	Have you told us whether this is
The first to request further informatic for the excess applicable     The first to request further informatic for the excess applicable     The first to request further informatic for the excess applicable     The first to request further informatic for the excess applicable	
Please check your policy documents: On the property of th	Hilling the second of the seco
in England & Waves ro.	of a claim?
	Do we have <b>your details</b> and your
. Indicate each <b>condition</b> you are	horse's details?
aiming for as well as the <b>date</b> you	norse's details?
rst noticed it.	
	Have you filled in <b>all</b> sections for a
6. State if you want the claim	new claim and <b>silver</b> sections only
settlement to be sent to <b>you</b> or	for continuation of a claim?
your <b>vet</b> .	Tor continuation of a claim.
7. If you have been with your vet for	Have you told us who we should
less than 3 years have you provided	make settlement to?
your previous vet's details?	
	Is the form signed and dated at
O Franko van alem and dat	
8. Ensure you <b>sign</b> and <b>dat</b>	the bottom?
\form.	





Need some help?

Call us on
03300 244 006

## 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.

VET SECTION TO BE COMPLETED BY VETERINARY STAFF  POOR 272  VET SECTION TO BE COMPLETED BY VETERINARY STAFF  POOR 272  VETERINARY STAFF  POOR 272  2. Check if this is a new claim or a continuation of a claim.  3. Complete your veterinary practice details including that name of vet and practice address. Please provide a phone number and emails address.  4. Answer all questions, providing details of the horse's condition.  We never the provided in the provided	Need som	e help? Call us on
Attach a full clinical history of the same of the same and same and the same and th	THE INSURANCE Mon - Fri 8.00am - 7.00pm. S	Page 2/2  2. Check if this is a <b>new</b> claim or a
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The provide a phone number and email address.  4. Answer all questions, providing the first in the form of the provide and the	New claim Continuation of a claim - Please complete sections 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.	practice details including <b>full name</b>
A. Answer all questions, providing et all of the horse's condition.		
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10111	form.	the bottom?





## 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.