

CLAIM FORM FOR LOSS OF HORSE, PERMANENT LOSS OF USE AND VETERINARY FEES

Are you completing this form for a: (please tick the appropriate box)

NEW CLAIM (please complete all sections)

CONTINUATION CLAIM (Please provide your claim reference number below, additional invoices and only complete sections **4 and 6**)

Claim Reference.....

WE'RE HERE TO HELP!

If you have any queries, please call us on **01423 593335**, email us at **claims@peliwica.co.uk** or visit our website **www.peliwicainsurance.co.uk** and use the live chat facility

IMPORTANT NOTES - INCOMPLETE CLAIM FORMS WILL DELAY YOUR CLAIM

- If this is a first claim, please attach a **full** up to date clinical history (if unsure, your registered veterinary practice will be able to help you)
- Please include all applicable invoices and supporting documentation that is relevant to your claim
- Please email all completed claims forms and/or supporting documentation to **claims@peliwica.co.uk**, or by post to: - **The Claims Department, Peliwica Insurance, 23 Victoria Avenue, Harrogate. North Yorkshire. HG1 5RD**

1 Policyholder or Broker to complete About You

What is your policy number?

Policyholders Name.....

Policyholders Address.....

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..... Postcode.....

Email Address.....

Contact Phone Number

Stable Name / Registered Name.....

Main usage of your horse

Passport Number.....

Date of Birth/ Age..... Sex

Height..... Breed..... Colour.....

Please read you policy schedule to check the sections of cover and indemnity limits.

What are you claiming for? (tick as appropriate)

Veterinary Fees

Please provide the date and time that the illness or injury was first noticed

Date /...../..... Time am/pm

When was the vet called? (If there was a delay of more than 24 hours please provide the reasoning behind this on a separate piece of paper)

Date /...../..... Time am/pm

What activity was the horse doing and/or where was the horse when the injury/illness was first noticed?

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Please provide full details of the injury and/or illness and the symptoms displayed. (continue on a separate sheet of paper if required)

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Remedial Farriery

If you have ticked this box, please advise the usual cost of routine shoeing and/or trimming and of how many feet?

Permanent Loss of Use

Death

When was the horse euthanised or when did he/she die?

Date / /

Time am/pm

Disposal

Please provide a copy of the disposal invoice.

4 To be completed by the Policy holder only

Declaration

By signing this form, I authorise Peliwica Ltd to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Peliwica Ltd with all the information relating to the horse. I also confirm that I have checked all the information on this form and confirm that it is correct and true to the best of my knowledge.

PLEASE COMPLETE ONE OF THE FOLLOWING:

(A) Pay the vet directly (please tick)

i/we have checked with the vet and would like this claim paid directly to them (please provide the practice name)

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(B) Pay the policyholder (or, if the horse is on a loan, the nominated loss payee given at inception of the policy)

Sort Code

Account Number.....

Name of Account holder

I also confirm that Peliwica Ltd may contact my previous insurance provider to obtain information they may require in the handling of my claim

Please sign and date in this box

Diagnosis of the Injury /illness (if a diagnosis has not yet been reached, please advise of the clinical signs and the exact areas affected)

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Has the horse been referred to you by another practice?

If yes, please provide the name of the practice and a copy of the referral report

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What is your prognosis?

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When did this illness or injury first begin? (as noted by you, the policyholder or on the horse's record)

Date...../..... /**Time**.....

If the horse has been seen before for:

- This illness or injury
- Any similar or related illness or injury: or,
- Any similar or related clinical signs

Please give us the history with dates

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Is the illness/injury being claimed for related to this history? Yes/no

Did you recommend any complimentary treatment? Yes/no
(if yes please provide details)

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Please advise the first and last dates of the treatment

First/...../..... **Last**..... /...../.....

Please attach all relevant invoices listing the dates, medication and treatments given for the illness/injury

To be completed by the attending vet **Loss of Use Claims**

In your opinion, is the Horse currently or potentially subject to Loss of Use for its current main undertaken activity? (If ticked yes, please provide your written opinion below)

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To be completed by the attending vet **Death Claims**

Please provide a detailed written report regarding the illness injury

Did the horse Die? (Or) Was the horse euthanised?

If the horse was euthanised, was this performed on humane grounds and did the illness/injury meet the guidelines set by BEVA for immediate destruction?

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6 To be completed by the Vet **Declaration**

- I have checked the information on this claim form and can confirm that in my professional opinion it is accurate and correct
- The fees that I have charged are no higher than my normal fees
- I will provide the client with a copy of this form and all invoices claimed for.

Name

Position in Practice.....

Contact email address.....

Please sign and date in this box and provide a practice stamp (if available)