

Horse Claim Form

If your horse goes missing or is stolen

Send your completed claim to claimform@animalfriends.co.uk
If you have any questions, you can call **0344 557 0300**

**animal
Friends**
Pet Insurance

1. ABOUT YOU

Policy number:	Policyholder's address & postcode:
<input type="text"/>	<input type="text"/>
Policyholder's name:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Contact number:	<input type="text"/>
<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>
<input type="text"/>	

2. ABOUT YOUR HORSE

Horse's passport name:	Horse's breed:								
<input type="text"/>	<input type="text"/>								
Horse's stable name:	Horse's height:								
<input type="text"/>	<input type="text"/>								
Horse's date of birth:	Has the horse had yearly vaccinations? Yes: <input type="checkbox"/> No: <input type="checkbox"/>								
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y		
Filly: <input type="checkbox"/> Colt: <input type="checkbox"/> Mare: <input type="checkbox"/> Gelding: <input type="checkbox"/>	Is the horse routinely wormed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>								
Current vet practice name/branch and phone number:									
<input type="text"/>									
Previous vet practice name/branch and phone number:									
<input type="text"/>									

We cannot pay for the loss of a horse if they are not microchipped.

3. CLAIM DETAILS : IF YOUR HORSE GOES MISSING OR IS STOLEN

When did your horse go missing?	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
What date did you report your horse missing to the Police?	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
What date did you report your horse missing to your local rescue centre?	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Local rescue centre name:	For advertising and/or reward costs please tell us how much you are claiming:								
<input type="text"/>	<input type="text"/>								
Local rescue centre phone number:	€								
<input type="text"/>									
Crime reference number:	If your horse needed rescuing, please tell us how much you are claiming:								
<input type="text"/>	<input type="text"/>								
	€								

You should always report a missing horse to the police as soon as you realise they're missing.
You'll also need to report it missing to at least one local rescue centre.

4. SUPPORTING INFORMATION

Please include with your claim form:

- A. An explanation of how your horse went missing on a separate sheet, including:
- Where they went missing from.
 - Who was looking after your horse when they went missing and their relationship to you.
 - How the horse escaped, if applicable.
- B. If applicable, receipts for advertising costs.
- C. If applicable, proof of reward payment, including who the reward was paid to.
- D. Evidence to prove the market value of your horse.
- E. If applicable, a receipt for the rescue of your horse.

5. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.
- Keep copies of the documents you send for your records.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to **Animal Friends House, 1 The Crescent, Sun Rise Way, Amesbury, Wiltshire, SP4 7QA**

6. YOUR DECLARATION

I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals. I also confirm that there is no other insurance that would cover this claim.

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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Claims will be paid into the account that your **Direct Debit** is collected from.

If you pay your premium **annually**, please provide your bank account details you would like us to use:

Account holder's name:

Account Number:

Sort Code:

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