

# Claim Form for Loss by Theft or Straying, Advertising and Reward

## PLEASE COMPLETE A SEPARATE FORM FOR EACH HORSE

N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

- Please include all required documentation
- Please complete the form and ensure it is saved before you send it. Claims received that are incomplete or missing information will be returned to you and delay your claim.
- Please send the completed form to: [equine-claims@allianz.co.uk](mailto:equine-claims@allianz.co.uk).

**We're happy to help!**

If you need any help completing this form, please visit [www.petplanequine.co.uk/my-petplan-equine/claims.asp](http://www.petplanequine.co.uk/my-petplan-equine/claims.asp)

1. Policyholder to complete

**POLICY NUMBER**

Reference letters not required

2. Policyholder to complete

**ABOUT YOU**

Policyholder's surname

First name

Email address

*(Required for electronic payments)*

Policyholder address

Postcode

Telephone no.

Mobile no.

Please ensure this address is where you wish to receive correspondence. Your policy will be updated to these details

A. When did you first notice your horse was missing?

Date / / Time

Place

B. Where and when was your horse last seen?

Date / / Time

Place

C. If your horse has been recovered, please state

Date / / Time

Place

3. Policyholder to complete

**ABOUT YOUR HORSE**

Your horse's stable name

Horse's Microchip no.

Freezemark no.

Registered name

Horse's date of birth / /

Breed

Stallion  Gelding  Mare

Is your horse insured with any other company? Yes  No

If Yes, please state which company

Where did you purchase your horse?

Date of purchase

Original purchase price: £ -

Value immediately prior to the loss

£ -

B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

Police report no.

C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

4. Policyholder to complete

**ADVERTISING**

What are you claiming for? Advertising  Reward  Loss

Please give full details

Please state amount £ -

Please include examples of advertising (please note you must have advertised your horse before making a claim for loss, theft or straying)

5. Policyholder to complete

**REWARD**

Have you paid a reward? Yes  No

Was the reward agreed in advance with Petplan Equine? Yes  No

Please state amount £ -

Please attach written confirmation from the person who received the reward, and include their name, address, phone number and the full circumstances of how they found your horse.

Circumstances of loss

6. Policyholder to complete

DOCUMENTATION

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:  
**IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR HORSE, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS** Please tick if enclosed

- A fully completed claim form.
- Evidence of the police being told within 24hrs of your horse going missing.
- Evidence of the advertising carried out to try and find your horse.
- If you own your horse - your horse's original passport or purchase receipt showing you as the owner.

- If your horse is on loan - a copy of the loan agreement, signed by both parties, and either your horse's original passport or purchase receipt showing the owner's name.

**If you're claiming for advertising or reward please also send us:**

- The invoices and receipts to show the costs you're claiming for.
- If a reward's been given - a receipt giving the full name, address, telephone number or email address of the person who found your horse. If you provided a monetary reward, we'll also need their signature.

We recommend you send any original documents to us by recorded delivery. Petplan Equine, PO Box 222, Huddersfield, HD8 1FQ.

Please tick the number of documents enclosed **including** this form 1 2 3 4 5 6 7

7. Policyholder to complete

PAYEE DETAILS

**Direct Debit customers**

*Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.*

By completing this form I authorise Petplan Equine to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan Equine with the information relating to my horse. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge

**N.B.** In cases where a missing horse is recovered subsequent to payment of a claim the claimant agrees to reimburse Petplan Equine the full amount received in respect of their claim.'

Policyholder name

Date / /

8. Reporting officer/veterinary practice to complete

DECLARATION

**Please ensure this section is completed and stamped**

Date reported missing / /

Police registration no. (if applicable)

**I confirm that the loss of the above horse has been reported**

Position

Name

Date / /

To ensure this claim is dealt with quickly please note your Practice number here

Practice no.

Police/vet practices contacted (continued)

The completed form should be returned to: [equine-claims@allianz.co.uk](mailto:equine-claims@allianz.co.uk).

Equine Customer Service: 0345 072 8899 Email: [equineclaims@petplan.co.uk](mailto:equineclaims@petplan.co.uk)

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