

Claim Form Saddlery and Tack

IMPORTANT NOTES

- Please include all required documentation
- Please use one claim form per animal
- 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.

We're happy to help!

If you need any help completing this form, please visit www.petplanequine.co.uk/my-petplan-equine/claims.asp

1. Policyholder to complete

ABOUT YOU

Policyholder address

Policyholder's surname

Policyholder's first name

Email address

(Required for electronic payments)

Mobile no.

Postcode

Please tick here if this is a new and different address to the address on your Certificate of Insurance

We may contact you about this claim and future claims by letter, text message or email, using the details on this form.

2. Policyholder to complete

ABOUT YOUR HORSE

Policy no.

Horse's full name

Horse's stable name

Do you own any other horses not insured by Petplan Equine?

Yes No

Was their tack stolen/damaged as a result of the same incident?

Yes No

3. Policyholder to complete

Household contents insurer's details (of the property where you live)

Household contents insurer's name

Name

Address

Postcode

Telephone no.

Policy No.

a. Are there any other insurances in force covering the same property?

Yes No

b. Have you made any claim against any other policy in respect of this Saddlery and Tack?

Yes No

PLEASE NOTE IF YOU DO NOT HAVE ANY HOUSEHOLD INSURANCE WRITE "NONE" - BLANKS OR "N/A" ARE NOT ACCEPTABLE

4. Policyholder to complete

DETAILS OF MISSING/DAMAGED ITEM(S)

Are you the sole owner of the item(s)?

Yes No

(if no, please give full details on a separate piece of paper)

Please describe each stolen/damaged item, giving brand name where appropriate, whether it was purchased new or second hand, the date of purchase and purchase price - continue on a separate piece of paper if necessary.

Item	New or Second hand	Date of purchase	Purchase price
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£

5. Policyholder to complete

DETAILS OF
LOSS/DAMAGE/THEFT

a. Give the date and time the loss/damage/theft occurred

Date / / Time am pm

b. Give the exact location of the loss/damage/theft

Are you the owner of this property? Yes No Is the item(s) always kept at this property? Yes No

c. Give full details of how the loss/damage/theft occurred including the name(s) of any witnesses (in cases of theft, please advise how entry was gained etc)

d. When was the item(s) last seen by you?

Date / / Time am pm

e. Please explain the precautions taken to prevent the loss/damage/ theft, including details of the locks on doors and windows if your claim involves theft from a building

How were these precautions overcome?

f. In respect of damage claims only - is the damage repairable?

Yes No

g. Please advise what steps have been taken to recover the lost item(s)

h. When were the police informed?

Date / / Time am pm

i. Give the full name and address of the police station

Station name

Address

Postcode

Telephone no.

Officer's name and no.

Crime report number

PLEASE RETAIN ANY DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE

6. Policyholder to complete

ATTACHMENTS

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE** Please tick if enclosed A fully completed claim form. **If your item's been stolen:**

- Evidence showing the police being told within 24hrs of **you** finding **your** item has been stolen,
- Two quotations to replace the item with a new equivalent item, and
- Photographs showing the damage to the place where the item(s) were stolen from.

 If your item's damaged and repairable:

- Two estimates for repair, and
- Photographs showing the damage to your item.

 If your item's damaged and not repairable:

- Written confirmation from a saddler stating the item's damaged beyond repair,
- Two quotations to replace the item with a brand new equivalent item, and
- Photographs showing the damage.

Please tick the number of documents enclosed **including** this form 1 2 3 4 5 6 7 8 9

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 1 to avoid delay in settlement.

Policyholder name

Date / /

By completing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.