

Trailer/Horse-drawn vehicle Claim form

Petplan use TCF/02.07



0845 074 4408

Please phone if you have any questions regarding this form

Please
complete in
**BLOCK
CAPITALS**

IMPORTANT NOTES

- Pet Plan Ltd administer the policy on behalf of Allianz Insurance plc who underwrites the policy
- If claim is being faxed please retain all the original copies of claim form and receipts
- Please include all required documentation
- Please use one claim form per animal
- **CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU**
- Please send the completed form to: **Pet Plan Ltd, FREEPOST SEA0883, Brentford, Middlesex TW8 9YY** or fax: **01483 529 191**

SECTION A Policyholder's details

to be completed by the policyholder(s)

About you

Your name Mr/Mrs/Ms _____ Initial _____

Address _____

County _____ Postcode _____

Daytime phone no. (incl. STD) _____ Ext. _____

Please tick here if new address

Payment cheques can be made out to the person(s) shown on the certificate.
If two people are named, but you have separate bank accounts, please enter
below the name to appear on the cheque.

About your horse

Certificate no. _____

Horse's full name _____

Horse's stable name _____

Do you own any other horses not insured by Petplan? Yes No

SECTION B Trailer/horse-drawn vehicle details

to be completed by the policyholder(s)

1 Make and model _____

2 Chassis/Serial/Identification no. _____

3 Year of manufacture _____

4 Date of purchase _____ / _____ / _____

5 Purchase price £ _____ . _____

6 Current value £ _____ . _____

7 Where purchased _____

8 Nature and extent of general usage _____

9 Where normally kept _____

10 Are you the sole owner?
If NO please provide full details separately Yes No

SECTION C Details of Loss

to be completed by the policyholder(s)

1 Give the date and time the loss/damage/theft occurred

Date _____ / _____ / _____

Time _____ am _____ pm

2 Give the exact location of the loss/damage/theft

3 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)

4 Please detail the precautions taken out to prevent the loss/damage/theft

5 Please advise what steps have been taken to recover the missing trailer/horse-drawn vehicle

SECTION C (cont.)

to be completed by the policyholder(s)

6 When was the Trailer/horse-drawn vehicle last seen by you?

/ /

7 When were the police informed?

/ /

8 Give the name and address of the police station

Station name

Address

County

Postcode

Telephone (incl. STD)

Officers name and no.

Crime report number

Please ask a Police Officer to place Official stamp in the box below

Official stamp

SECTION D

to be completed in respect of DAMAGE claims

1 Is the damage repairable? Yes No

2 (a) Was any vehicle/horse involved other than the towing vehicle/horse? Yes No

(b) If YES, please advise

Name of owner

Address

County

Postcode

Daytime phone no. (incl. STD)

Ext.

Name of insurer

Insurer

Address

County

Postcode

Policy No.

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

SECTION E

to be completed in respect of HORSE-DRAWN VEHICLES only

1 Was horse-drawn vehicle fully restored when purchased/acquired? Yes No

2 If No, what additional work has been carried out since and at what time/cost?

3 Is work provided for in the estimate **solely** to repair to pre-accident condition? Yes No

4 What events/shows/displays (if any) have been entered and with what results?

5 Are there any further details you would like us to consider in determining the pre-accident value?

SECTION F

to be completed by the policyholder(s)

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE** Please tick if enclosed

All claims

- Original purchase receipt
- Two** estimates for repair (if applicable)
- Crime report (if applicable)

Trailers only

- Quotation for current replacement cost of exact equivalent item(s)
- Advertisements, letter from supplier etc. to support current value
- Repairers written confirmation that trailer is damaged beyond repair (stating the approximate value before damage)

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

SECTION G

to be completed by the policyholder(s)

HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?

If the policy is in joint names both signatures are required. I/we declare that all the above statements are true in every respect and that I/we have fulfilled the Terms and Conditions of the Policy and that the loss is not covered by any other insurance.

Signature

X

Date / /

Signature

X

Date / /