

Saddlery and Tack Claim form

Petplan use STCF/11.08



0845 074 4408

Please phone if you have any questions regarding this form



IMPORTANT NOTES

- 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: **Petplan Equine, 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 _____

Address _____

Postcode _____

Daytime phone number _____ 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

Policy no. _____

Horse's full name _____

Horse's stable name _____

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

Was their tack stolen/damaged as a result of the same incident? Yes No

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

to be completed by the policyholder(s)

Household contents insurer's name _____

Name _____

Address _____

Postcode _____

Telephone _____

Policy No. _____

1 Are there any other insurances in force covering the same property? Yes No

2 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

SECTION C Details of missing/damaged item(s)

to be completed by the policyholder(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
			£
			£
			£
			£
			£
			£
			£

continued overleaf

SECTION D Details of loss/damage/theft

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/address 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

3 Give full details of how the loss/damage/theft occurred including the name(s) of any witness(es). In cases of theft, please advise how entry was gained etc

4 When was this item(s) last seen by you?

Date / / Time am/pm

5 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?

6 In respect of damage claims only - is the damage repairable? Yes No

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

8 When were the police informed?

Date / / Time am/pm

9 Give the full name and address of the police station:

Station name

Address

Postcode

Telephone

Officer's name and No.

Crime reference number

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

SECTION E

to be completed by the policyholder(s)

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:

ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE

Please tick if enclosed:

Two saddlers' written confirmations that each item is damaged beyond repair (stating the approximate value before damage)

Two quotations for current replacement cost of exact equivalent item(s) as new

Two estimates for repair (if applicable)

Crime report (if applicable)

Original purchase receipts

Fire report (if applicable)

SECTION F

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.

Signature

X

Date / /

Print name

Signature

X

Date / /

Print name

By signing this form I authorise Petplan Equine to share information in respect of this claim with other insurers and industry databases. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

Petplan Equine is a trading name of Allianz Insurance plc which is authorised and regulated by the Financial Services Authority (FSA).

Petplan  **Equine**

sharing the care of your horse