

Claim Form Trailer/Horse-drawn vehicle

IMPORTANT NOTES - Please complete in BLOCK CAPITALS

- Please include all required documentation
- **CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU**
- Please send the completed form to: **Petplan Equine, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.**

We're happy to help!

If you have any questions call us on

0345 074 4408

or contact us through our website:

www.petplanequine.co.uk

1. Policyholder to complete

ABOUT YOU

Policyholder's Address

Policyholder's Name

Email address

(Required for electronic payments)

Mobile no.

Postcode

Telephone no.

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

Horse's stable name

Certificate no.

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

Yes

No

Horse's full name

3. Policyholder to complete

TRAILER/HORSEDRAWN VEHICLE DETAILS

a. Make and model

b. Chassis/Serial/Identification no.

c. Year of manufacture

d. Date of purchase

/ /

e. Purchase price

£

.

f. Current value

£

.

g. Where purchased

h. Nature and extent of general usage

i. Where normally kept

j. Are you the sole owner?

If **NO** please provide full details separately

Yes

No

4. Policyholder to complete

DETAILS OF LOSS

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

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

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

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

g. When were the police informed? / /

h. Give the name and address of the police station

Station name

Address

Postcode

Telephone no.

4. Policyholder to complete

DETAILS OF LOSS (CONTINUED)

Officer's name _____
Officer's number _____

Crime report number _____

5. Policyholder to complete

In respect of DAMAGE CLAIMS

a. Is the damage repairable? Yes No

b. Was any vehicle/horse involved other than the towing vehicle/horse?
Yes No If YES, please supply details on a separate sheet.

Name of owner _____

Policyholder's Address _____

Postcode _____

Daytime telephone no. _____

Name of insurer _____

Insurer _____

Address _____

Postcode _____

Policy No. | | | | | | | | | |

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

6. Policyholder to complete

In respect of HORSE-DRAWN VEHICLES ONLY

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

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

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

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

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

7. Policyholder to complete

ATTACHMENTS

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

- Two** quotations for current replacement cost of exact equivalent item(s)
- Advertisements, letter from supplier etc. to support current value
- Two** written confirmations from repairers that the trailer is damaged beyond repair (stating the approximate value before damage) unless it is stated in the first quote that it cannot be moved, due to damage

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

8. Policyholder to complete

DECLARATION

HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?


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.

Pay policyholder(s) - please tick one of the options below

- Electronic payment** Ensure you have given us your email address in section 2 and your claim shall be paid into the bank account your premium is collected from.
- Cheque** Cheques will be automatically made payable to the policyholder(s) named on your Certificate of Insurance.

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.

If there are two policy holders shown on the certificate of insurance each one must sign

Your signature 

Date / /

Print name _____

Your signature 

Date / /

Print name _____