

Claim Form for Veterinary Fees, Death or Permanent Loss of Use

Are you completing this form for a:

New Condition

☐

Continue to complete the full form.

Continuation Condition

☐

Complete the shaded boxes only.

IMPORTANT NOTES - Incomplete claims will delay your claim

- If this is a first claim, please attach a full clinical history to your claim, from all vets who have seen your horse
- You are responsible for the cost of obtaining and submitting any information we request
- You are responsible for the payment of any excess that is applicable, and other amount which is not covered
- All invoices must be accompanied by a claim form, even when the claim is a continuation
- 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 completed claim forms 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

SUPPORTING DOCUMENTATION - you will need to enclose the following original documents with your claim form

Veterinary Fees

- ☐ Veterinary Invoice(s)
- ☐ Full veterinary history (incl Other Vet(s), Dental Records, Physio Reports, Clinical Vetting, Vaccination Record)
- ☐ Referral report (only applicable for referral claims)

Death

- ☐ Full veterinary history (incl Other Vet(s), Dental Records, Physio Reports, Clinical Vetting, Vaccination Record)
- ☐ Disposal receipt
- ☐ Post Mortem Report (only if we have advised this is required)

Permanent Loss of Use

- ☐ Full veterinary history (incl Other Vet(s), Dental Records, Physio Reports, Clinical Vetting, Vaccination Record)
- ☐ Full veterinary report
- ☐ Evidence of ownership or Loan agreement

Continuation (Veterinary Fees)

- ☐ Veterinary Invoice(s)
- ☐ Veterinary history (back to the previous claim)

1. Policyholder to complete

POLICY NUMBER

2. Policyholder to complete

ABOUT YOU

Policyholder's Address

Policyholder's Name

Email address

Mobile no.

Preferred telephone 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.

3. Policyholder to complete

ABOUT YOUR HORSE

Breed

Date of Birth / / Height

Colour

Stallion / Colt ☐ Gelding ☐ Mare ☐

Stable Name

Registered Name

Purchase date / /

Did you ask the previous owner, about its veterinary history?

Yes ☐ No ☐ If YES, please advise what they told you on a separate sheet

Your usual vet practice name

Your usual vet practice address

Tel no

Other vet practice used

Tel no Postcode

If your usual vet did not attend please advise why on a separate sheet

If you have owned your horse longer than it has been insured, please advise why you insured it when you did, on a separate sheet

Has your horse ever had any illness, been injured or shown signs of being unwell?

Yes ☐ No ☐ If YES, please provide details on a separate sheet

4. Policyholder to complete

ABOUT YOUR CLAIM

Please read your certificate of insurance to check the sections of cover on your policy

What are you claiming for?

- ☐ **Veterinary Fees** Have you claimed for this condition before?
- NO** ☐ Continue to complete the claim form
- YES** ☐ Claim ref No: _____

Permanent Loss of Use

☐ **Death** When was the horse euthanased or when did it die?

Date / / Time am pm

☐ **Disposal** Please provide a copy of the disposal invoice

Give details of the injury or illness. Please give precise details of the part of the body affected and attach a separate sheet if you need more space

Please provide the exact date and time the illness/injury was first noticed

Date / / Time am pm

When was the vet first called?

Date / / Time am pm

If there was a delay of more than 24 hours before the vet attended, please advise the reasons behind this on a separate sheet

Has the horse undergone any complementary treatment before the vet was called? Details:

Where was the horse and what activity were they doing when the injury occurred or the illness began?

Are you claiming the cost of remedial shoeing? Yes ☐ No ☐

If YES, how much does your shoeing or trimming normally cost?
£ for shoeing/trimming of feet

Are you claiming for dental treatment? Yes ☐ No ☐

If YES, You must supply a copy of your horses dental record for the last 2 years

PLEASE TURN OVER TO CONTINUE

5. Policyholder to complete

DECLARATION

By completing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with all 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. I also agree that Petplan may contact my previous insurance company and obtain information that they require in order to process my claim.

WHO WOULD YOU LIKE US TO PAY Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

PLEASE COMPLETE ONE OF THE FOLLOWING

Pay the vet direct

I/We have checked with the vet and would like this claim paid directly to them

Practice name _____

Pay policyholder(s)

Policyholder name _____

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.

Date / /

TO BE COMPLETED BY THE ATTENDING VET IF THIS IS THE FIRST CLAIM FOR THIS HORSE, PLEASE SUBMIT A FULL CLINICAL HISTORY

New Condition - complete ALL sections clearly and in full. Continuation Condition - complete all shaded sections in full.

Please note, if you are both the policyholder and veterinary staff, then another member of the practice should complete the sections below.

6. Vet to complete

ABOUT ILLNESS OR INJURY

Diagnosis of the illness or injury.

(or please give the clinical signs if you have not yet made a diagnosis).

Please indicate the exact area(s) affected

Has this horse been referred to you by another practice?

Yes ☐

No ☐

If YES, please provide the name of the practice and a copy of the referral report

Have you sent us a claim form for this illness or injury before?

Yes ☐

No ☐

If YES, please go to section 7

When did this illness or injury first begin? Date / /

(as noted by you, by the client or on the horse's record)

If the horse has been seen before for:

- this illness or injury
- any similar or related illness or injury : or,
- any similar or related clinical signs

please give us the history with the dates

Is the illness or injury being claimed for related to this history?

Yes ☐

No ☐

7. Vet to complete

COMPLEMENTARY TREATMENT

Did you recommend any complementary treatment?

Yes ☐

No ☐

If YES, please detail the treatment recommended

If the horse requires remedial farriery please advise how many feet this is for

Please provide details:

8. Vet to complete

TREATMENT DATES

First and last date of treatment being claimed for

(any invoices outside these dates will be rejected as non-endorsed)

Please attach invoices listing the dates, treatment and medication for the illness or injury

First / /

Last / /

9. Vet to complete

COST

Total amount being claimed for £

10. Vet to complete

FOR DEATH CLAIMS ONLY

Please provide a detailed written report regarding the illness or injury.

Did the horse die? ☐

Or was the horse euthanased? ☐

If the horse was euthanased did the condition meet the guidelines set by BEVA for immediate destruction?

Yes ☐

No ☐

Was a post mortem carried out?

Yes ☐

If YES, please provide a copy of the report on headed paper

No ☐

If NO, please provide details why no post mortem was done

11. Vet to complete

DECLARATION

for the vet or a person authorised by the vet to fill in and sign

- I have checked the information on this claim form and as far as I know it is correct
- The fees I have charged are no higher than my normal fees
- I will provide the client with a copy of this form and the invoices claimed for

Name _____

Position in practice _____

Petplan practice number _____

Email address _____

Date / /

Petplan Equine is a trading name of Pet Plan Limited (Registered in England No. 1282939) and Allianz Insurance plc (Registered in England No. 84638). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pet Plan Limited is authorised and regulated by the Financial Conduct Authority. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM