

# Claim Form for Loss by Theft or Straying, Advertising and Reward

## PLEASE COMPLETE A SEPARATE FORM FOR EACH HORSE

N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

- 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.**

Please complete using a **BLACK PEN** and **BLOCK CAPITALS**

**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](http://www.petplanequine.co.uk)

1. Policyholder to complete

**POLICY NUMBER**

Reference letters not required

2. Policyholder to complete

**ABOUT YOU**

Policyholder's surname

First name

Email address

*(Required for electronic payments)*

Policyholder address

Postcode

Telephone no.

Mobile no.

Please ensure this address is where you wish to receive correspondence. Your policy will be updated to these details

A. When did you first notice your horse was missing?

Date / / Time

Place

B. Where and when was your horse last seen?

Date / / Time

Place

C. If your horse has been recovered, please state

Date / / Time

Place

3. Policyholder to complete

**ABOUT YOUR HORSE**

Your horse's stable name

Horse's Microchip no.

Freezemark no.

Registered name

Horse's date of birth / /

Breed

Stallion  Gelding  Mare

Is your horse insured with any other company? Yes  No

If Yes, please state which company

Where did you purchase your horse? /

Date of purchase

Original purchase price: £ -

Value immediately prior to the loss

£ -

B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

Police report no.

C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

4. Policyholder to complete

**ADVERTISING**

What are you claiming for? Advertising  Reward  Loss

Please give full details

Please state amount £ -

Please include examples of advertising (please note you must have advertised your horse before making a claim for loss, theft or straying)

5. Policyholder to complete

**REWARD**

Have you paid a reward? Yes  No

Was the reward agreed in advance with Petplan Equine? Yes  No

Please state amount £ -

Please attach written confirmation from the person who received the reward, and include their name, address, phone number and the full circumstances of how they found your horse.

Circumstances of loss

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Please continue on a separate sheet if necessary

6. Policyholder to complete

DOCUMENTATION

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:  
**IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR HORSE,  
PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS** Please tick if enclosed

- Purchase receipt
- Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)
- Freezemark/branding documentation/passport
- Examples of Advertising carried out
- Any other relevant documents
- Written confirmation of loss by the police. If written confirmation cannot be provided an official police/vet stamp and other information requested will be required in **SECTION 8** below
- Receipts to support advertising expenses (If applicable)

If unable to send any of these documents please offer explanation on a separate sheet of paper

7. Policyholder to complete

PAYEE DETAILS

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.

**N.B.** In cases where a missing horse is recovered subsequent to payment of a claim the claimant agrees to reimburse Petplan Equine the full amount received in respect of their claim.

Please sign here

X

Print name

Date / /

By signing this form I authorise Petplan Equine to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan Equine with the 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.

8. Reporting officer/veterinary practice to complete

DECLARATION

Please ensure this section is completed and stamped

Date reported missing / /

Police registration no. (if applicable)

I confirm that the loss of the above horse has been reported

Position

Please sign here

X

Print name

Date / /

Practice stamp (if applicable)

To ensure this claim is dealt with quickly please note your Practice number here

Practice no.

Police/vet practices contacted (continued)

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Please continue on a separate sheet if necessary

The completed form should be returned to: Petplan Equine, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Equine Customer Service: 0345 072 8899 Email: equineclaims@petplan.co.uk

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