

# Claim form for prescription medication

(purchased from either a pharmacy or online)

**Are you completing this form for a:**

**New illness or injury**

Complete **ALL** sections clearly and in full.

**Continuation illness or injury**

Complete shaded sections only.

**We're happy to help!**

If you need any help completing this form, please visit

[www.petplanequine.co.uk/my-petplan-equine/claims.asp](http://www.petplanequine.co.uk/my-petplan-equine/claims.asp)

Please complete the form and ensure it is saved before you send it. Missing information will delay your claim.

1. Policyholder to complete

**POLICY NUMBER**

Reference letters not required

2. Policyholder to complete

**ABOUT YOU**

Policyholder's address

\_\_\_\_\_

\_\_\_\_\_

Postcode

\_\_\_\_\_

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Policyholder's surname

Policyholder's first name

Contact no.

Email address

(Required to process claims payments)

3. Policyholder to complete

**ABOUT YOUR HORSE**

Breed

\_\_\_\_\_

Date of Birth / / Height

\_\_\_\_\_

Colour

\_\_\_\_\_

Stallion / Colt  Gelding  Mare

Stable Name

Registered Name

Purchase date / /

4. Policyholder to complete

**DETAILS OF YOUR HORSE'S ILLNESS/INJURY**

For each condition you are claiming for, please tell us the name of the medication you purchased and the details of the vet who prescribed this medication.

## CONDITION 1

Condition name

Name of prescription medication purchased online/from a pharmacy

\_\_\_\_\_

Total £

I confirm I have attached a copy of the prescription(s)

I confirm I have attached a copy of the invoice/receipt

Details of the vet who prescribed this medication.

Practice name

Practice address

\_\_\_\_\_

Postcode

*If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.*

Did the illness or injury result in the death of your horse? Yes  No

Date of death / /

## CONDITION 2

Condition name

Name of prescription medication purchased online/from a pharmacy

\_\_\_\_\_

Total £

I confirm I have attached a copy of the prescription(s)

I confirm I have attached a copy of the invoice/receipt

Details of the vet who prescribed this medication.

Practice name

Practice address

\_\_\_\_\_

Postcode

*If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.*

Did the illness or injury result in the death of your horse? Yes  No

Date of death / /

5. Policyholder to complete

**PAYEE DETAILS**

### 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.

Policyholder name

By completing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.

Date / /

## IMPORTANT NOTES

- Please include all required documentation
- Please use a separate claim form for each horse

- Please send completed claim forms including copies of all receipts and prescriptions to: [equine-claims@allianz.co.uk](mailto:equine-claims@allianz.co.uk).
- We may contact you about this claim and future claims by letter, text message, or email, using the contact details we have on file for you.

**INCOMPLETE CLAIM FORMS WILL DELAY YOUR CLAIM**