

# Claim Form Saddlery and Tack

## IMPORTANT NOTES

- 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, 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](http://www.petplanequine.co.uk)

## Please complete in BLOCK CAPITALS

### 1. Policyholder to complete

### ABOUT YOU

Policyholder address

Policyholder's surname

Policyholder's first name

Email address (Required for electronic payments)

Mobile 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.

### 2. Policyholder to complete

### ABOUT YOUR HORSE

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

Yes  No

Policy no.

Horse's full name

Horse's stable name

Was their tack stolen/damaged as a result of the same incident?

Yes  No

### 3. Policyholder to complete

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

Household contents insurer's name

Name

Address

Postcode

Telephone no.

Policy No.

a. Are there any other insurances in force covering the same property?

Yes  No

b. 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**

### 4. Policyholder to complete

### DETAILS OF MISSING/DAMAGED ITEM(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
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£

## 5. Policyholder to complete

DETAILS OF  
LOSS/DAMAGE/THEFT

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

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Are you the owner of this property? Yes  No Is the item(s) always kept at this property? Yes  No 

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)

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d. When was the item(s) last seen by you?

Date Time am/pm

e. 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

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How were these precautions overcome?

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f. In respect of damage claims only - is the damage repairable?

Yes  No 

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

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h. When were the police informed?

Date Time am/pm

i. Give the full name and address of the police station

Station name

Address

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Postcode

Telephone no.

Officer's name and no.

Crime report number

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

## 6. Policyholder to complete

## ATTACHMENTS

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 estimates for repair (if applicable) Two quotations for current replacement cost of exact equivalent item(s) as new Crime report (if applicable) Original purchase receipts Fire report (if applicable)

## 7. 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.**

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 X

Date / /

Print name

Your signature X

Date / /

Print name