

# Claim Form Trailer/Horse-drawn vehicle

## IMPORTANT NOTES - Please complete in BLOCK CAPITALS

- Please include all required documentation
- 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 the completed form to: [equine-claims@allianz.co.uk](mailto: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](http://www.petplanequine.co.uk/my-petplan-equine/claims.asp)

### 1. Policyholder to complete

#### ABOUT YOU

Policyholder's Address

Policyholder's Name

Email address

*(Required for electronic payments)*

Mobile no.

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.

Horse's full name

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

 Yes 

 No 

### 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

Crime report number

Officer's number

## 5. Policyholder to complete

## In respect of DAMAGE CLAIMS

a. Is the damage repairable? Yes  No 

Name of insurer

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

Insurer

Name of owner

Address

Policyholder's Address

Postcode

Policy No.

Postcode  
Daytime telephone 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 

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

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

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

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

## 7. Policyholder to complete

## ATTACHMENTS

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: **ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE** Please tick if enclosed

- A fully completed claim form.
- Documentation to support the current value, such as (but not limited to) advertisements of similar items or a letter from the supplier.
- A copy of the original purchase receipt showing you as the owner.
- If your item's been stolen:**
- Evidence showing the police being told within 24hrs of **you** finding **your** item has been stolen, and
  - Two quotations to replace the item with an item of the same age, condition, make and model at the time the loss or damage occurred.

- If your item's damaged and repairable:**
- Two estimates for repair, and
  - Photographs showing the damage to your item.

- If your item's damaged and not repairable:**
- Written confirmation from the repairer showing the item's damaged beyond repair, stating the approximate value before damage and the current salvage value,
  - Two quotations to replace the item with an item of the same age, condition, make and model at the time the loss or damage occurred, and
  - Photographs showing the damage to the item.

Please tick the number of documents enclosed **including** this form 1 2 3 4 5 6 7 8 9

## 8. 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 1 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 / /