

Saddlery and Tack Claim form

IMPORTANT NOTES

- If claim is being faxed please retain all the original copies of claim form and receipts
- 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: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.

Please complete in BLOCK CAPITALS

SECTION A Policyholder's details

to be completed by the policyholder(s)

About you

Your name Mr/Mrs/Ms _____

Address _____

County _____

Daytime phone no. _____ Ext _____

Mobile phone no. _____

Please tick here if new address

Policy Number _____

About your horse

Certificate no. _____

Horse's full name _____

Horse's stable name _____

Do you own any other horses not insured by Allianz? Yes No

Was their tack stolen/damaged as a result of the same incident? Yes No

SECTION B Household contents insurers details

to be completed by the policyholder(s)

Household contents Insurer's name _____

Address _____

County _____

Daytime phone no. _____

Policy No. _____

1 Are there any other insurances in force covering the same property? Yes No

2 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

SECTION C Details of missing/damaged property

to be completed by the policyholder(s)

1 Are you the sole owner of the property? Yes No
 (if no, please give full details)

2 Please state the replacement value of all the Saddlery and Tack you owned at the time of loss € _____

Continued Overleaf

Please describe each stolen/damaged item, giving brand name where appropriate, whether it was purchased new or second hand and the date of purchase. Please also state its purchase price and the replacement cost – continue on a separate piece of paper if necessary.

Item	New or Second hand	Date of Purchase purchase	Replacement price value
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
		€	€
	Total amount claimed		€

SECTION D Details of loss/damage/theft

to be completed by the policyholder(s)

1 Give the date and time the loss/damage/theft occurred

Date / / Time am pm

2 Give the exact location/address of the loss/damage/theft

3 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)

4 When was the property last seen by you?

Date / / Time am pm

5 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

6 In respect of Damage claims only - is the damage repairable?

Yes No

7 Please advise what steps have been taken to recover the lost items

8 When were the Gardai informed?
 Date / / Time am pm

9 Give the name and address of the Garda station:
 Station name
 Address
 County
 Daytime phone no. (incl STD)
 Garda name and no.
 Crime report number

Please ask Garda to place Official stamp in the box below

Official stamp

SECTION E to be completed by the policyholder(s)

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE.

Please tick if enclosed:

- Saddler's written confirmation that each item is damaged beyond repair
- (stating the approximate value before damage)
- Two quotations for current replacement cost of exact equivalent item(s)
- Two estimates for repair (if applicable)
- Crime report (if applicable)
- Original purchase receipts

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

SECTION F to be completed by the policyholder(s)

HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?

If the policy is in joint names both signatures are required. 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.

Signed _____

Date / /

Signed _____

Date / /

