

Trailer/Horse-drawn vehicle 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

SECTION B Trailer/horse-drawn vehicle details

to be completed by the policyholder(s)

1 Make and model _____

2 Chassis/Serial/Identification no. _____

3 Year of manufacture _____

4 Date of purchase _____ / _____ / _____

5 Purchase price € _____

6 Current value € _____

7 Where purchased _____

8 Nature and extent of general usage _____

9 Where normally kept _____

10 Are you the sole owner? Yes No
 If NO please provide full details separately

SECTION C Details of Loss

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 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 Please detail the precautions taken out to prevent the loss/damage/theft

5 Please advise what steps have been taken to recover the missing trailer/horse-drawn vehicle

6 When was the Trailer/horse-drawn vehicle last seen by you? / /

7 When were the Gardai informed? / /

8 Give the name and address of the Garda station

Station name

Address

County

Telephone (incl STD)

Garda name and no.

Crime report number

Please ask a Garda to place Official stamp in the box below

Official stamp

SECTION D

to be completed in respect of DAMAGE claims

1 Is the damage repairable? Yes No

2 (a) Was any vehicle/horse involved other than the towing vehicle/horse? Yes No

(b) If YES, please advise

Name of owner

Address

County

Daytime phone no. (incl STD) Ext

Name of Insurer

Insurer

Address

County

Policy Number

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

SECTION E

to be completed in respect of HORSE-DRAWN VEHICLES only

1 Was horse-drawn vehicle fully restored when purchased/acquired? Yes No

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

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

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

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

SECTION F

to be completed by the policyholder(s)

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

All claims

- Original purchase receipt
- Two estimates for repair (if applicable)
- Crime report (if applicable)

Trailers only

- Quotation for current replacement cost of exact equivalent item(s)
- Advertisements, letter from supplier etc. to support current value
- Repairers written confirmation that trailer is damaged beyond repair (stating the approximate value before damage)

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

SECTION G

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 and that the loss is not covered by any other insurance.

Signed **X** _____

Date / /

Signed **X** _____

Date / /

