

# Equine Claim Form

This form can be used to submit a claim under the following benefits:

- Veterinary Fees
- Death
- Permanent Loss of Use

**If you are submitting a new claim:** Complete sections 1 - 5 and pass the form to your vet to complete sections 6 - 9.

**If you are submitting invoices for a Veterinary Fees continuation claim:** Complete the shaded boxes only 

Our aim is to deal with your claim as quickly and fairly as possible. To help us handle your claim please read the important notes section below:

## Important Notes

- All sections must be completed unless advised otherwise. Any incomplete forms will be returned to you.
- You are responsible for the costs of obtaining and submitting any information we request.
- You are responsible for the payment of any excess that is applicable, and for any other amount which is not covered.
- All invoices must be accompanied by a claim form, even when the claim is a continuation.
- Treatment carried out by a person other than a veterinary surgeon is not covered, unless they hold a recognised qualification. For Complementary treatments, your vet must have examined the horse first and must fill in sections 6 to 9 of this claim form. You must then accompany the claim form with your vet's letter of instruction to, and any invoices from, the complementary therapist or farrier.
- Please refer to your terms and conditions for complete details of your cover.
- If faxing a claim please retain all original copies of claim form and receipts.
- Please use one claim form per animal and per vet practice attended.

## Supporting Documentation

You will need to enclose the following documents with your claim form *These need to be the original documents*

<b>Vets Fees</b>	Veterinary invoice(s) <input type="checkbox"/> Invoice(s) for any complementary treatment/corrective shoeing, along with a letter of instruction from your vet to the complementary therapist <input type="checkbox"/> Referral report (only applicable for referral claims) <input type="checkbox"/>
<b>Permanent loss of use</b>	Vets clinical history report <input type="checkbox"/> Evidence of ownership <input type="checkbox"/> Any referral reports <input type="checkbox"/>
<b>Death</b>	Post mortem report <i>Unless we tell you this is not required</i> <input type="checkbox"/> Disposal receipt <input type="checkbox"/> Evidence of ownership <input type="checkbox"/> Vets clinical history report <input type="checkbox"/>

To be completed by the Policyholder

1 About You

Your Name
Your Address

Please tick here if this is new and different to the address on your Insurance Schedule

Daytime phone number
Mobile phone no.
Email Address
Your Policy Number

2 About your horse

Your horse's name
Age
Sex
Microchip No.
Freezemark No.

Are you the only owner of the horse? Yes No

If No tell us who else shares ownership on a separate sheet

Have you (or any other owner) any other insurance for this horse? Yes No

If Yes tell us the details on a separate sheet

Was anyone else responsible for your horse when it was injured or became ill? Yes No

If Yes tell us the details on a separate sheet

Name and address of your usual veterinary practice (or any vet the horse has attended - use a separate sheet of paper if necessary)

Telephone Number
Date you registered with this practice

3 About Your Claim

What are you claiming for?

Vets Fees/Complementary Therapy Fees
Have you claimed for this condition before?
Yes No Continue to complete claim form
Yes Claim ref. no.

Permanent loss of use Yes

Death/Humane destruction Yes When was the horse destroyed or when did it die? Date Time am / pm

Disposal Costs Yes

Give details of the injury or illness
Please give precise details of the part of the body affected and attach a separate sheet if you need more space

What was the horse being used for at the time?

Where did the injury happen or the horse first become ill?

When did this happen? Time am / pm Date
If there was a delay of more than 24 hours before the vet attended please advise the reasons behind this on a separate sheet of paper
When was the vet first called? Time am / pm Date

Are you claiming for the cost of corrective shoeing? Yes No

If YES, how much does your shoeing normally cost? Per set

Will any part of the claim be for dental treatment? Yes No

If Yes please give the dates of the last two dental checks

If any dental treatment was needed, was it carried out at the time? Yes No

**4 Previous Veterinary History** Please answer the following questions as fully as possible

- A** Has your horse ever had any illness, been injured or shown any signs of being unwell? Yes  No   
If Yes, please give details on a separate sheet
- B** Did you ask the person you bought your horse from about its veterinary history? Yes  No   
If Yes, what information did they give you?

---

---

---

- C** Has your horse ever had a 2 or 5 stage veterinary examination? Yes  No   
If it has please send us a copy of the report. If we already have been sent a copy at inception of cover, please advise so that we may retrieve our records from archive.

- D** Please provide details of all other insurance companies your animal has been insured with.  
We need their name, address, your policy number with them and full details of any claims you made

Company Name

Address

Policy Number

Full details of any claim you made

- E** If you have owned your horse for longer than it has been insured with us, and it was not previously insured, why did you decide to insure it when you did?

- F** Has any other vet seen your horse whilst it has been in your ownership? Yes  No   
If yes, please tell us their name, address and your address when with them if it was different to your current address.  
If more than one, please give details on a separate sheet.

Name

Address

Your Address (if different)

**5 Policyholder Declaration** for you to fill in and sign

- I claim for the cost of treatment covered by my policy and agree that you will make any payment to the person or practice indicated below (if only one of the joint policyholders is to be paid, please enter their name in the box marked 'other')

Policyholder(s)  Veterinary practice

Other

- I have agreed with my vet that they are going to send me a copy of this form and the invoices claimed for
- I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief

Your signature    
(if there are two policyholders shown on the Insurance Schedule each one must sign)

Date  /  /

Your signature    
(if there are two policyholders shown on the Insurance Schedule each one must sign)

Date  /  /

Please ask Your Vet to complete Sections 6-9 on the reverse of this Form

To be Completed by the Attending Vet

6 About the injury or illness

Did the horse die due to this injury or illness? Yes  No

A post mortem must be carried out unless we have advised this is not required

Was the horse euthanased due to the injury or illness? Yes  No

Did the horse's condition meet the guidelines set by BEVA and Veterinary Ireland for immediate destruction? Yes  No

Illness or injury

Diagnosis of the illness or injury

Or give the clinical signs if you have not yet made a diagnosis. Please indicate the exact areas affected.

Four horizontal lines for text input.

Have you sent us a claim for this illness or injury before (for this horse)? Yes  No

If Yes, go to section 7

When did this illness or injury first begin?  /  /

(as noted by you, by the client or on the horse's record)

If the horse has been seen before for:

- this illness or injury;
• any similar or related illness or injury; or
• any similar or related clinical signs;

please give us the history with dates

Four horizontal lines for text input.

Is the illness or injury being claimed for related to this history? Yes  No

Is the illness or injury likely to need further treatment? Yes  No

7 Complementary Treatment for the vet to fill in

Did you recommend any complementary treatment? Yes  No

If Yes, please detail treatment recommended

Four horizontal lines for text input.

If the horse requires remedial farriery please advise how many feet this is for \_\_\_\_\_

8 Treatment and fees for the vet to fill in

First and last date of treatment being claimed for First  /  /

Last  /  /

Please attach detailed invoices listing dates, treatment and medication for each illness or injury

9 Declaration for the vet or a person authorised by the vet to fill in and sign

- I have checked the information on this claim form and as far as I know it is correct
• The fees I have charged are no higher than my normal fees
• I will provide the client with a copy of this form and the invoices claimed for.

Practice stamp box

Signature X

Date  /  /

Email Address

Please return the completed form to Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4, with the appropriate invoices attached