

# 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



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  /  /

