

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

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 / /

