

General Claim Advice



It is expressly understood and agreed that the furnishing of this blank form to the Assured or the assistance of any adjusters or agent of the Insurer in the making of this proof is not a waiver of any rights of said Insurer or any of the conditions of this policy.

Policy Holder

Full Name:	Policy Number:	
Address:		
Phone:	Mobile:	Email:
Amount Insured:	Period of Insurance:	
Date of Application:		

Particulars of Horse

1.	Name of Animal:	Age and Sex:
	Sire:	Dam:
	Registry Assoc:	Registry No:
	Colour:	Marks:
	Use:	Breed:
	Date and location of last race (where applicable):	
	If Mare, date and location of last service, including name of Stallion:	
2.	Date of Application:	
	Give Name and address of person or persons from whom you purchased or otherwise acquired this animal:	
	Name:	
	Address:	
	If bred, stud fee paid \$	

Circumstances & Cause of Loss

3.	Give exact circumstances and cause of loss:				
	If destroyed, on whose recommendations:				
4.	When was the animal first discovered to be sick or injured?	Date:	/	/	At <input type="checkbox"/> AM <input type="checkbox"/> PM
5.	When were the Underwriters notified of the sickness or injury?	Date:	/	/	At <input type="checkbox"/> AM <input type="checkbox"/> PM
6.	What treatment was given before the arrival of the Veterinarian?				
7.	When was the veterinarian notified?	Date:	/	/	At <input type="checkbox"/> AM <input type="checkbox"/> PM
8.	When was the Veterinarian first in attendance?	Date:	/	/	At <input type="checkbox"/> AM <input type="checkbox"/> PM

Veterinarian's Name:

Veterinarian's Address:

What subsequent visits were made?

When did animal die? (If destroyed, state so):

Was the animal, while owned by you, ever sick or injured before?

Yes No

If so, give details, with name of attending Veterinarian:

Had this animal undergone any surgical operation during the term of this policy?

Yes No

If so, please give name and address of Veterinarian:

Name:

Address:

9. Have any other animals in your ownership died in the last twelve months? Please specify where injured or not:

Ownership Details

10. Are you the sole owner?

Yes No

If no, give name(s) and address(s) of other owner(s):

Name:

Address:

Is there now, or has there ever been any mortgage, lien, bill of sale or any other encumbrance on the said animal while owned by you?

Yes No

If so, give details:

Type of Insurance

11. Give full details of insurance on this animal:

This insurance:

Other Insurance(s):

Did such other insurance(s) cover against death due to the disease or casualty or Natural causes, which resulted in the death of this animal?

Yes No

12. The total sum insured covering the insured's interest in the above described animal insured under this Policy (whether valid or not), was at the time of loss \$

Less amount of Deductible (if applicable) \$

I hereby authorise that all claims that may be agreed under this Policy be paid to the Insured and such payment to be sufficient discharge to Underwriters.

AND I DO, SOLEMNLY AND SINCERELY DECLARE that the foregoing particulars are true and that the claim is a just and reasonable one and that the proper treatment and care was given to the animal. And that I agree if any of the above answers or part thereof are untrue, my claim for compensation shall be forfeited and the said Policy shall be null and void. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Act of Parliament, rendering persons making false declaration punishable for wilful and corrupt perjury.

Signed

Date: / /