

Horse Claim Form

As an Islands Insurance Policyholder we promise you a courteous, swift and efficient claims service. We will do our utmost to make sure that you receive the very best service and attention.

This document has been designed to make it easy for you to provide us with all the information that we need to enable us to deal with your claim. You should complete this form fully in **BLOCK LETTERS**. Please tick the boxes provided to indicate **YES** or **NO**. All other questions require detailed answers and failure to provide **ALL information** will delay the handling of your claim. The completed form should then be returned directly to us.

Important

The issue of this form by us does not admit the validity of the claim. It is our policy to thoroughly investigate all claims and we may need to arrange an interview with you to obtain further information.

Warning

If any aspect of a claim is fraudulent no payment will be made. The policy will be cancelled and the matter will be referred to police for criminal investigation.

Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributed to your claim with us, it should not affect any no claim discounts you may have with them.

If you need to contact us:

Guernsey

By post - Islands Insurance, Lancaster Court, Forest Lane, St Peter Port, Guernsey GY1 1WJ
By phone - 01481 710731 By fax - 01481 730915 By email - claims@islands.gg

Jersey

By post - Islands Insurance, Kingsgate House, 55 The Esplanade, St Helier, Jersey JE1 4HQ
By phone - 01534 835383 By fax - 01534 835386 By email - claims@islands.je

Alderney

By post - Islands Insurance, 17 Victoria Street, Alderney GY9 3TA
By phone - 01481 824100 By fax - 01481 824210 By email - alderney@islands.gg

How to make your claim:

1. **Check your cover. We recommend that you refer to your policy document to check what is and what isn't covered.**
2. **Complete sections A, B, C & D**
3. **Complete any relevant optional sections E, F & G**
4. **Read, complete and sign the Declaration and Signature section**
5. **Ask your vet to complete the Veterinary Surgeon's Certificate. This needs to be completed by the first vet who treated your horse for the problem you are claiming for.**
6. **Forward all relevant documentation to the above address, including:**

Completed claim form

Clinical history (detailing all treatment received during your ownership. The clinical history is a printed report which can be obtained from any veterinary practice that has treated the horse).

Referral vets reports

Passport (for loss of animal claims only)

Original invoices

Details of any third party involvement

Section A - Policyholder Details

Policy No

Name

E-mail address

Address

Telephone no:

Home

Mobile

Business

Postcode

Is there anyone you would like to authorise (on your behalf) to discuss your claim/policy with us?

Name

Relationship to you

Section B - Horse or Pony Details

Name

Horses Registered Name

Age

Sex

Breed

Height

Colour

Purchase Price

Date of Purchase/Loan*

*Delete as necessary

VAT Registration No

(If not registered, state "none")

Section C - Veterinary Practice Details

Please provide details of your usual Veterinary Practice.

Name

Address

E-mail address

Telephone no

Postcode

If your horse has been seen by other Veterinary Practice(s) during your ownership provide details below.

Name

Address

E-mail address

Telephone no

Postcode

If you need to provide contact details for any further vets please list on a separate sheet and attach to this claim form.

Section D - Claim Details

Please provide as much detail as you can about the condition/illness/injury for which you would like to make a claim?

Date you first noticed the problem

When you first noticed the problem in what activity was the animal engaged (e.g. stabled, at grass, tracking)?

Do you hold anyone else responsible for the problem? If so please provide their name, address, details of accident and reasons why you feel they are responsible on a separate sheet and attach to this claim form.

Has the animal suffered from a similar problem in the past? Yes No

If Yes, please give details

Date veterinary surgeon was first contacted

If anyone has treated the horse for this condition prior to this claim (e.g. Physiotherapist, farrier, other veterinary practice) please provide details.

Payment preference

We can pay veterinary fees (less any excess and non-claimable charges) directly to you or your vet. Please confirm who you would like us to pay by ticking the appropriate box below.

- Please pay me directly (less any excess and non-claimable charges)
- Please pay the vet directly (less any excess and non-claimable charges)

Section E - Alternative Husbandry Details (maximum claimable 10% of vets fees sum insured)

If claiming alternative husbandry (e.g. box rest), please provide normal cost of keeping the horse

Veterinary Surgeon's Certificate

To be completed by the Insured's veterinary surgeon at the Insured's own expense. *The vet should also read and sign the Declaration.*

Section E -All claims (except theft)

Who referred the horse/pony to you? Owner Vet

If other vet give full details including contact number

Date the animal was taken ill or injured Date of initial referral

How long has it been registered at your practice?

Can the problem be indirectly or directly related to any previous accident or illness? Yes No

If Yes, please give details

History giving rise to referral

Details of all diagnostic techniques used by you on this animal

Diagnosis (If this relates to a limb/limbs please specify which)

Please provide details of the treatment you have recommended

Details of treatment (If this includes a period of box rest please specify duration)

Have you recommended any box rest? Yes No

If yes confirm the duration of box rest recommended

Have you recommended alternative treatment (E.g. physiotherapy, farrier)? Yes No

If yes, please provide details

Has all treatment been completed? Yes No

If No, estimate total £ and it's duration (in weeks/months)

Is the condition likely to lead to
- permanent incapacity? Yes No
- death or slaughter on humane grounds? Yes No

If the animal has suffered permanent incapacity, what activities is it now capable of?

Veterinary Surgeon's Certificate (continued)

IMPORTANT - If this claim is for Loss of Use please provide a full and separate clinical report to support the claim

Death of horse or pony

Please complete this section if the horse has died. If euthanased see slaughter on humane grounds section below.

Date /time of death

Did you see the horse?

Yes

No

When was the last time you saw the horse prior to death?

Has a post-mortem taken place?

Yes

No

If Yes please provide us with the post-mortem report

Please confirm the actual cause of death

Slaughter on humane grounds

Please complete this section if the horse has been euthanased.

Date /time of euthanasia

Was the horse euthanased in accordance with BEVA guidelines for humane destruction?

Yes

No

If No, please confirm why not

In your opinion was the illness/injury referred to above the sole reason for euthanasia?

Yes

No

Has a post-mortem taken place?

Yes

No

If Yes please provide us with the post-mortem report

If No please confirm the reasons for not completing a post mortem

If not the sole reason for euthanasia please confirm other contributing factors

Declaration and Veterinary Surgeon's Details

I hereby certify that I have checked all of the details on this certificate which are to the best of my knowledge and belief true and correct.

Name

Please print name

Address

Signature of veterinary
surgeon FRCVS/MRCVS

Postcode

Date

Telephone no

Please enclose all original invoices relating to this condition, copies of any test results, any other veterinary reports and any additional information relating to this claim.

Section F - Alternative Treatment Details (maximum claimable 20% of vets fees sum insured)

If you are claiming for remedial farriery or other alternative treatment please provide details here

Farrier Name

Telephone no

Usual farriery cost for this horse £

How frequently is your horse shod?

If claiming for any other alternative treatment please provide details and costs here £

Section G - Transport Costs (maximum claimable 10% of vets fees sum insured)

If claiming for transport fees please provide relevant details here. Please note transport fees can only be claimed for journeys to and from vets or alternative treatment centres and we will require the corresponding treatment invoices to evidence the travel requirement.

Private mileage/non-licensed transporters

Vehicle type

Starting postcode

Date(s) of journey(s)

Destination postcode

Total miles

Licensed Transporters

Please provide the original invoice(s) for the licensed transporters and one of the following:
Transporters operators license or DEFRA number

Declaration and Signature

I the undersigned, declare that to the best of my knowledge and belief the information given in this claim form, which I have read and checked, is true and complete.

I confirm that the NFU Mutual may contact the veterinary surgeon(s), farrier, and/or therapist detailed in this claim form for any further information required.

I confirm that the NFU Mutual may disclose information about my claim/policy to the veterinary surgeon(s), farrier and/or therapist detailed in this claim form.

I understand that in order to prevent fraud, you may share information about me and this incident with other organisations and public bodies including the police.

Signature of
policyholder

Date

Now you have completed your section of the claim form please ask your vet to complete the Veterinary Surgeon's Certificate