

EQUINE CLAIM FORM

LOSS OF HORSE AND VETERINARY FEES



USE THIS FORM TO REPORT ALL NEW CLAIMS

Date Received (For Peliwica use only):

If you wish to submit a CONTINUATION CLAIM, we do not require a continuation claim form; we simply require a copy of the relevant invoices and the clinical notes from your veterinary practice relating to the treatment being claimed for.

WE'RE HERE TO HELP!

If you have any queries, please call us on [01423 593335](tel:01423 593335) or email us at claims@peliwica.com

We will aim to acknowledge your claim within one working day of receipt and will advise you if any further information is required. The following checklist will help to minimise delays:

- We require a completed claim form from both the policy holder and the attending vet
- We require copies of all applicable invoices and any other supporting documentation
- We require a full clinical history printout from your veterinary practice
- If your horse was referred to a veterinary hospital, we require written confirmation from the attending vet that this was on their recommendation and we also require a copy of the report from the referral hospital
- If you are claiming for any alternative treatment such as remedial shoeing, physiotherapy or feed supplements, we require written confirmation from the attending vet that this was on their recommendation
- We require the bank details of where payment has to be made to (yourself or your veterinary practice)

SECTIONS 1 - 4 SHOULD BE COMPLETED BY THE POLICY HOLDER

SECTIONS 5 - 6 SHOULD BE COMPLETED BY THE ATTENDING VETERINARY SURGEON

Section 1: Your Details

Policy Number: _____

Name: _____

Address: _____

Postcode: _____

Email address: _____

Contact phone number(s): _____

Section 2: Your Horse's Details

Stable Name / Registered Name: _____

Passport Number: _____ Age: _____

Colour: _____ Sex: _____ Height: _____ Breed: _____

Section 3: Your Claim Details

Your policy schedule will show the sections of cover included, the indemnity limits and any excess applicable.

What are you claiming for? (Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Veterinary Fees | <input type="checkbox"/> Permanent Loss of Use |
| <input type="checkbox"/> Alternative Treatment | <input type="checkbox"/> Death (date of death: _____) |
| <input type="checkbox"/> Hospitalisation and/or Emergency Transport | <input type="checkbox"/> Disposal (please provide the disposal invoice) |

When was the illness or injury first noticed? Date: ____ / ____ / ____ Time: _____ AM / PM

When was the vet contacted?* Date: ____ / ____ / ____ Time: _____ AM / PM

*If there was a delay of more than 24 hours please provide the reasoning behind this below

When did the vet first attend? Date: ____ / ____ / ____ Time: _____ AM / PM

What activity was the horse doing and/or where was the horse when the injury/illness was first noticed?

Please provide details of the injury/illness, including the area/leg affected if applicable, or the symptoms displayed:

Has the horse suffered from this condition or any similar condition before? YES / NO

Have you made any claims for this horse in the last 3 years? YES / NO If yes, please provide the details overleaf

If you are claiming for remedial farriery (will only be considered if recommended by the attending vet) please advise your usual cost of routine shoeing/trimming and for how many feet:

Usual cost: _____ Number of feet: _____

Section 4: Declaration

By signing this form, I authorise Peliwica Ltd to provide the veterinary practice(s) involved with this claim with information about my policy in respect of this claim, and the veterinary practice(s) to provide Peliwica Ltd with all the information they hold relating to the horse. I also confirm that I have checked all the information on this form and confirm that it is correct and true to the best of my knowledge. The costs being claimed for are directly related to this claim and are not inflated in any way. I also confirm that Peliwica Ltd may contact my previous insurance provider to obtain information they may require in the handling of my claim. I acknowledge that if my claim is settled I will not be entitled to any premium refund should I subsequently cancel my policy or wish to reduce my cover.

Please select ONE of the following:

- Pay the veterinary practice directly** (Please ensure you have checked that the practice can accept direct claim payments. You should note that it is your responsibility to pay your invoices on time and we will not be liable for any late payment fees or interest charges, and we will deduct any early settlement/prompt payment discounts that would have applied had you paid on time)
- Pay the policy holder as follows:** Name of Account Holder: _____
Sort Code: _____ Account Number: _____

Signed: _____ Date: _____

Section 5: Claim Details - to be completed by the first attending vet

Please confirm your diagnosis of the injury/illness, including the area/leg affected if applicable. If a diagnosis has not yet been reached, please advise the clinical signs noted or the symptoms displayed:

Has the horse suffered from this condition or any similar condition before? YES / NO

If yes, please provide the history with the dates: _____

When did you first attend to the horse? Date: ____ / ____ / ____ Time: _____ AM / PM

When do you believe the illness or injury first occurred? _____

(As noted by the policy holder or in your professional opinion)

Have you referred the horse to another practice/veterinary hospital? YES / NO

If yes, please confirm the name of the practice/hospital and the reason for the referral: _____

Did you recommend any alternative treatment? YES / NO (such as remedial shoeing, physiotherapy, feed supplements, hydrotherapy, treadmill etc)

If yes, please specify including the duration/number of sessions of such treatment: _____

Please confirm the first and last dates of treatment being claimed for (we will require the accompanying invoices showing itemised costs for all visits, examinations, treatments, medications):

First: ____ / ____ / ____ Last: ____ / ____ / ____

Is all treatment complete? YES / NO If no, when do you next plan to examine the horse: _____

What is your prognosis? _____

In your opinion, do you believe the condition is currently or is likely to result in a Loss of Use claim? YES / NO

If yes, please attach a separate report providing full details of why this is the case.

For death claims, please select one of the following and attach a separate report to provide full details.

- The horse died.
- The horse was euthanised. Did the euthanasia meet the BEVA guidelines for immediate destruction? _____

Section 6: Declaration

- I have checked the information on this claim form and can confirm that in my professional opinion it is accurate and correct
- The fees that I have charged are no higher than my normal fees
- I will provide the client with all invoices claimed for

Name: _____

Position in practice: _____

Please sign and date in this box and provide a practice stamp: