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The issue of this form is not an admission of a claim and further information may be requested upon receipt of all facts relating to this

## CLAIM FORM FOR COMPLETION BY THE INSURED PERSON

Please complete for all veterinary fee / death / permanent incapacity claims

claim.

**INSTRUCTIONS:** Please complete all sections in full, remembering to sign and date the declaration before returning this form to the above office by post or by email. Failure to do so can delay the processing of your claim. Please ensure you have read and understood the attached procedure notes and obtained an estimate for the cost of the expected treatment.

### INSURED'S DETAILS

Insured's Name:	Policy Number:
Address:	
Email:	Contact Phone no:

### PARTICULARS OF THE HORSE/DONKEY

Name	Age	Sex	Breed	Colour & Identifying marks	Height
Who was looking after your horse at the time of the loss / incident? Please add name and address if not you.					
If the loss / incident was due to the fault of any person, please give the name and address of that person.					
Is this horse currently also insured elsewhere? If yes, please give details.					
Are you claiming for: (delete as appropriate)			Vet's Fees / Death / Permanent Incapacity		

### PLEASE COMPLETE THE FOLLOWING WITH AS MUCH INFORMATION AS POSSIBLE: (failure to answer all questions may delay the processing of your claim)

**Are you claiming because of:** injury YES/NO lameness YES/NO  
illness YES/NO colic YES/NO

**or another condition** - please detail: \_\_\_\_\_

When did these **symptoms first start/appear**? Date: \_\_\_\_\_

Please detail all the symptoms your horse exhibited?

Please give the name of the attending vet and their practice:

When did you first contact this Vet about the above symptoms? Date \_\_\_\_\_

When did your Vet first attend your horse for these? Date \_\_\_\_\_

What was your Vet's advice?

Did they make a diagnosis? YES/NO if YES what was it?

What was their estimate for the expected/likely cost of treatment?

Continued....

## Page Two

Did your vet refer your horse to an Equine Veterinary Hospital / referral center? **YES/NO**  
and if YES, which one?

Was Complimentary therapy ( i.e. physio or remedial farriery) recommended (\* see notes in procedures)? **YES/NO**  
And if YES, which therapy? :

If remedial farriery is recommended by your vet as treatment, please advise **your normal shoeing costs: £**\_\_\_\_\_

Is the attending practice in this instance your usual Vet? **YES/NO**

Have you used any other vets to treat or vaccinate your horse in the past? **YES/NO**  
If Yes, which vets:

**If yes, please provide their details and obtain full veterinary history from each one to accompany your claim.**

Has the treatment now been concluded? **YES/NO**

How much are you claiming for at present? £\_\_\_\_\_and is treatment on going? **YES/NO**

Do you wish us to settle our part to the vet's direct? **YES/NO**

If **YES:** we will email you a copy of our settlement statement which will detail how much has been paid, to who and confirm any amounts that haven't been paid and why.

If **NO:** please provide your Bank details: account name:  
Sort code: Account number:

## CLAIMS HISTORY

Please give details of any previous illness or injury involving this horse whilst in your possession, including approximate dates and cost of treatment:

Have you received any equine insurance claim payments before? **YES / NO**  
If Yes please details as follows:  
Insurance Company: Date: Amount: Horse's name: Details of claim:

## ADDITIONAL SECTION IN THE CASE OF DEATH

Please give the date and time that your horse either died or was put to sleep: If

the horse died, please give cause as advised by your veterinary surgeon:

If put to sleep, please give the reason for euthanasia:

*NB: In the event of destruction other than by your attending Vet, please attach a death certificate confirming the reason for euthanasia and that the insured horse has been destroyed.*

## DECLARATION

I/we, the undersigned, do hereby declare that to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

**Signed:**

**Dated:**

**What happens next:**

Once we have received your completed claim form, the Vet report(s), full clinical veterinary history and the itemised bills, we will review your claim within 5 working days (if not sooner), as well as checking the policy for the cover provided and if there are any exclusions or pre-existing conditions which might apply. We will then either:

1. Settle the invoices that are covered by your policy either to yourself or if you have instructed us above, to your Vet
2. Contact you with any queries that we may have or requesting any additional information that we may require
3. or if applicable, advise you of why we aren't able to help with either all or part of your claim

## CLAIMS PROCEDURE - WHAT TO DO IN THE EVENT OF A CLAIM

### How to make a claim – things you need to do

**We** will not make any payments under this **Policy** to the extent that **We** have been prejudiced by any failure to comply with requirements set out below.

**You** shall at all times co-operate with **Us** and **Our** representatives in the investigation and adjustment of any actual or potential claim.

#### Our rights when you claim

1. **We** have the right to instruct a **Veterinary Surgeon** on **Our** behalf if necessary.
2. **We** have the right to have a **Post-Mortem** carried out by **Our Veterinary Surgeon** at **Our** own expense.

#### Enforcement of Rights

**We** may take any action **We** consider necessary to enforce **Your** rights or **Our** rights under this **Policy** if anything happens that might give rise to a claim under this **Policy**:

### FOR ALL CLAIMS

- 1) **You** must advise **us** soon as practicably possible of what has happened either by phone: **01206 337388**, by email: [info@carriagehouseinsurance.co.uk](mailto:info@carriagehouseinsurance.co.uk) or via **our** website: [www.carriagehouseinsurance.co.uk](http://www.carriagehouseinsurance.co.uk)
- 2) **You** must take reasonable precautions to limit any further loss, damage or injury and if applicable, to discuss costs with your **Veterinary Surgeon** regarding investigations and treatment.
- 3) **You** must complete and return the appropriate claim form which **we** will supply.
- 4) **You** shall at all times co-operate with **Us** and **Our** representatives in the investigation and adjustment of any actual or potential claim

### FOR SPECIFIC CLAIMS YOU HAVE THE FOLLOWING ADDITIONAL RESPONSIBILITIES:

#### FOR HORSE OR DONKEY DEATH, PERMANENT INCAPACITY (LOSS OF USE) OR VETERINARY FEE CLAIMS INCLUDING COMPLIANCE WITH VETERINARY ADVICE

If **your horse/donkey** is ill, lame or has an accident, it is **your** duty to immediately seek the advice of **your veterinary surgeon**. **You** must then follow the recommendations made by the attending **Veterinary Surgeon** or any second opinion or referral practice as to treatment, rest and rehabilitation.

- 1) **You** must obtain and complete a claim form and forward this together with a completed **veterinary surgeon's** report form, both of which **we** will supply to **you**, your **Horse's full** clinical veterinary history and also forward copies of the referral vet's reports.
- 2) **You** must submit copies of the itemised invoices.
- 3) For all Veterinary Fee claims except emergency admissions, prior to your horse being admitted **please obtain an estimate** from your vet for the expected cost of their initial investigations and then if applicable, obtain estimates for the cost of treatment. If your horse is referred on to an Equine Hospital, please also obtain estimates from them
- 4) If your **horse** is to have an operation, please contact **us** prior to this taking place so that **we** can review the claim and confirm to **you** that this operation will be covered.
- 5) **You** must obtain **prior** authorisation for certain diagnostic work including CT, MRI and Bone Scintigraphy scans. Please contact us and we will confirm the information required in order to process this for you. Following these scans, additional reports from **your veterinary surgeon(s)** will be requested.
- 6) Should your **horse/donkey** die, or be euthanised, **you** must arrange at **your** own expense, for a **Veterinary Surgeon** to certify the cause of death by **post-mortem** examination, unless otherwise agreed by **us**.
- 7) Once **we** agree and settle **your** claim, **We** will pay the agreed amount less **your** excess and any amounts not covered by this Policy.
- 8) Please review your cover detailed in the policy wording (and key facts statement) in respect of items which are excluded and not covered. These include any specific exclusions that may apply to your horse and mean that any diagnostics, as well as treatment for an excluded condition won't be covered.
- 9) Please be aware of the financial limits of cover provided i.e. the sub limit for **alternative treatment** and **remedial farriery** which is £500, the co-insurance that applies on MRI scans, CT Scans and Bone Scintigraphy.
- 10) In respect of Equine Gastric Ulcers: following diagnosis by gastroscop, we will initially pay for the first 28 days at up to a full dose and then a further 28 days at a withdrawal dose,. Further medication if required, will be covered up to a further 60 days subject a repeat gastroscop confirming the continuing presence of gastric ulcers.

## FOR LEGAL LIABILITY CLAIMS

- 1) **You** must not admit liability or offer or agree to settle any claim without **our** written permission.
- 2) **You** shall give all necessary information and assistance to enable **us** to settle or resist any claim or to institute proceedings.
- 3) **You** must provide any witness details and assist us in contacting them for statements if required.
- 4) **You** must forward to **us** (which shall be deemed notice to the **Insurer**) any third party correspondence, writ, summons or other legal process issued or commenced against **you**.
- 5) **We** will take full responsibility for conducting, defending or settling any claim in **your** name.
- 6) If liability is accepted for third party property damage, **you** will be required to send **us** **your** excess.

## FOR THEFT CLAIMS

- 1) **You** must inform the Police immediately following a break in or theft or attempted theft and then assist them with their investigations. **You** will be required to supply a crime reference and details of the attending Police when **you** submit **your** completed claim form.
- 2) **We** recommend that **you** take photographs of any evidence of the breaking or damage to property that occurred during the break in.
- 3) **You** will be required to send in estimates for values for any items of saddlery or accessories stolen, subject to the limits detailed on the Schedule. **You** may be required to provide proof of valuation on any items specified in the Schedule that are stolen.

## FOR ACCIDENTAL DAMAGE CLAIMS

- 1) **You** must submit estimates for the costs of repairs.
- 2) **We** reserve the right to either repair, replace or to make a cash settlement.
- 3) **You** must not abandon any property to **us** without **our** written permission.

## FOR PERSONAL ACCIDENT AND DENTAL TREATMENT CLAIMS

- 1) If disablement results or may result **you** must place yourself as early as possible under the care of a qualified medical practitioner.
- 2) For dental treatment, **you** must submit itemised invoices.
- 3) **You** will permit the **Insurer** to appoint its own medical advisors to examine **you** as often as they require.

## HOW WE DEAL WITH YOUR CLAIM

### FRAUDULENT CLAIMS

If **you**, or anyone acting on **your** behalf, make a claim knowing it to be false or fraudulent in amount or in any other respect, this Policy shall be invalid and all claims shall be forfeited.

### DEFENCE OF CLAIMS

**We** shall be entitled to take over and conduct in **your** name, the defence or settlement of any claim, or to prosecute in **your** name for own benefit, any claim for indemnity, or damages, or otherwise and shall have full discretion in the conduct of any proceedings, and in the settlement of any claim.

### ADDITIONAL INFORMATION

- 1) **We** reserve the right to appoint a loss assessor or to take a second veterinary opinion.
- 2) Parts for the repair of carriages can take time to be provided to your repairers: this is outside the control of both the Insurer and the repairer.