



Address: Spring Farm,
Stratford St Mary
Colchester
Essex, CO7 6NB
Tel No: 01206 337388

Website: www.carriagehouseinsurance.co.uk
Email: info@carriagehouseinsurance.co.uk

CLAIM FORM
FOR VETERINARY FEE / DEATH / PERMANENT INCAPACITY CLAIMS

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.

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.

INSURED'S DETAILS

Insured's Name:	Policy Number:
Address:	
Email:	Postcode: 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 <i>(delete as appropriate)</i>	Vet's Fees / Death / Permanent Incapacity
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PLEASE COMPLETE THE FOLLOWING WITH AS MUCH INFORMATION AS POSSIBLE:

Are you claiming because of:	injury YES/NO	lameness YES/NO	illness YES/NO	colic YES/NO
other condition - please detail: _____				

When did these symptom first start and when did you first notice them? _____

Please detail the symptoms your horse first exhibited?

Please give the name, telephone number and address of your attending vet:

When did you first contact your Vet about these symptoms?

When did your Vet first attend your horse for these?

What was your Vet's advice?

Did they make a diagnosis? And if so what was it?

Continued....

Did your vet's refer your horse to an Equine Veterinary Hospital / referral center and if so which one?

Was Complimentary therapy (i.e. physio or remedial farriery) recommended? YES/NO
And if so which one:

If remedial farriery is recommended as part of your horse's 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, 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

(we will confirm the amounts that we have settled to you and this will show any amounts that haven't been paid and why.)

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:

If put to sleep, please give the reason:

NB: In the event of destruction other than by your attending Vet, please attach a death certificate confirming 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 or via **our** website: 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 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 HORSE OR DONKEY CLAIMS:
EITHER 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) If your **horse** is to have an operation, please advise **us** prior to this taking place so that **we** can confirm to **you** that this will be covered.
- 4) **You** must obtain prior authorisation for certain diagnostic work including CT, MRI and Bone Scintigraphy scans. Following these scans, additional reports from **your veterinary surgeon(s)** will be requested.
- 5) 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**.
- 6) Once **we** agree and settle **your** claim, **We** will pay the agreed amount less **your** excess and any amounts not covered by this Policy.
- 7) In respect of Equine Gastric Ulcers: following diagnosis by gastroscop e , 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 e confirming the continuing presence of gastric ulcers.

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 repairers, this is outside the control of both the Insurer and the repairer.