

CLAIM FORMS WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER FOR COMPLETION.

Date ordered:



If you have any queries, please call



03300 243 438

- **LIABILITY**

The issue of this claim form does not constitute an admission of claim liability by E&L®.

Please ensure that all sections are completed by you and your vet as indicated. The form must be returned to us at the address shown below within 90 days from onset of the condition. Faxed copies of the claim documentation can be sent in advance.

In the event of claims settlement becoming due **We** will issue settlement by BACS transfer. Where bank account details have not been provided or this is not possible, settlement will be despatched by cheque. Settlement will be issued to **You** unless otherwise requested. **You** can select an alternative payee by ticking the relevant box on the claim form **You** fill in and by providing the third party name.

E&L® reserves the right to appoint loss adjusters or veterinary consultants to review the claim and to request further information from current or previous vets or previous insurers.

You will have to pay your excess and any unrecoverable items.
EG: admin costs, claim form completion costs etc.



Thorpe Underwood Hall
Ouseburn, York, YO26 9SS
Tel: 03300 243 438
Fax: 03300 242 971
email: claims@eandl.co.uk
web: www.eandl.co.uk

All schemes are underwritten by the Equine & Livestock Insurance Co Ltd (E&L®) which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority no. 202748. This can be checked by visiting the FCA's website or by contacting the FCA on 0800 111 6768.

CH1

Your Name			
Address			
Daytime tel. No.		Postcode	
Evening tel no.			
Email			

Horse's name(s)			Age		
Colour			Sex		
Height of horse		hands		inches	Who, other than yourself, uses the horse?
Purchase date			Was your horse vetted at purchase?		Yes No
What is the horse used for? (Tick as appropriate)					
Vaulting ☐	Hunter chasing ☐	Heavy horses ☐	Arab racing ☐	Intermediate and novice eventing ☐	
Hunting ☐	Show jumping ☐	Gymkhanas ☐	Breeding ☐	Pony club and riding club events ☐	
Polo ☐	Drag hunting ☐	Polorosse ☐	Showing ☐	Advanced horse Trials ☐	
Pet ☐	Hunter trials ☐	Dressage ☐	Driving ☐	Long distance riding ☐	
		Hacking ☐	Le-Trec ☐	Trotting racing ☐	
Other					

When was your horse first injured/taken ill?	Date		Time	
When was the vet notified?	Date		Time	
Is this your usual vet? Yes ☐ No ☐	If 'No', what is the reason for the change?			
If 'No' please give the name and address of your usual vet.				
			Postcode	
What symptoms did your horse have when the condition was first noticed?				
What activity was your horse engaged in when the symptoms were first noticed?				
If your horse has sustained an injury, how did it happen?				
What steps have been taken to ensure this problem will not re-occur?				
Has the horse been routinely vaccinated & wormed?	Yes		No	

Please give details of ANY conditions your horse has suffered from before on a separate sheet.

Have you or any other person to whom this insurance applies ever:

Been declared bankrupt? Yes ☐ No ☐

Been convicted of arson, fraud, theft, robbery, receiving stolen goods or any other crime of violence associated with these offences or with any other offence against property? Yes ☐ No ☐

Suffered from a physical defect, infirmity or serious medical condition? Yes ☐ No ☐

If the answer to any of the questions is 'Yes', please provide full details on a separate sheet.

In the event of settlement becoming due, to Whom should payment be made? ☐ Me ☐ Vet ☐ Other Name

N.B. As detailed in our policy wording, because our contract is with you, any administration costs or costs of irrecoverable items incurred by any vet are your responsibility as the policyholder.

Could this claim potentially be covered under any other policy of insurance? If Yes, please provide full details. ☐ Yes ☐ No

Before signing this form please ensure you have answered all questions in sections 1, 2, 3 & 4, then pass the form to your vet.

We hereby declare that the details given by us are, to the best of our knowledge, true and complete. I authorise the vet to provide, upon request, all copies of medical records of horses treated by them on my behalf.

Policyholder's Signature

Date _____

Equestrian Insurance
Vet's fees claim form

To be Completed by YOUR Vet

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5 Condition details and treatment given (To be completed by the attending vet)

Horse's name(s)

Horse's age

What was your diagnosis?

How long has your practice known this horse?

Please can you provide a copy of the horse's previous five years medical/clinical history or for the duration of ownership. If there is no history available or if you cannot provide the history please state the reason why (e.g. we are the referral practice/first time this horse has been seen by this practice).

Were x-rays taken?

Yes ☐ No ☐

Is this likely to result in loss of use?

Yes ☐ No ☐

How long had the horse had this complaint prior to your first visit?

Could any of the conditions treated be regarded as hereditary or congenital?

Will the condition be likely to re-occur?

Is it likely the condition suffered will require further treatment/medication?

Yes ☐ No ☐

Details of symptoms exhibited during your visits for this condition:

1st Date		Symptoms	
2nd Date		Symptoms	
3rd Date		Symptoms	
4th Date		Symptoms	

Details of treatment given on each consultation (itemised invoices will be required):

1st Date		Cost		2nd Date		Cost	
3rd Date		Cost		4th Date		Cost	

Have you or do you intend to refer this horse to another vet?

Yes ☐ No ☐

If 'Yes', please state referral vet's name and practice address

Medical History

To your knowledge, has the horse suffered from this condition before?

Yes ☐ No ☐

To your knowledge, has the horse suffered from a condition that could be related in anyway to, or have any bearing on, the condition previously suffered?

Yes ☐ No ☐

If 'Yes', please give full details:

Declaration (To be completed by the attending vet)

Vet Name

Practice Name

Practice Address

Practice Tel. No.

Vet's Signature

Date