

KBIS MORTALITY CLAIM FORM



DISCLAIMER: Furnishing of this form is not an admission of liability.

INSTRUCTIONS

Please read fully prior to answering questions, all of which must be answered in full.

Kindly obtain, without expense to Underwriters, all necessary veterinary reports to support this claim, and, if the animal has died, or been destroyed, a post mortem and autopsy report.

1. Full Name of Insured:

House Name/No
Road
Town
County
Postcode

2. Policy Number: _____ Period of Insurance: 12 months from _____

3. Horse Name: _____ Age: _____ Colour: _____ Sex: _____

Sum Insured: £ _____

Use: _____

DATE OF PURCHASE _____ PURCHASE PRICE _____

From whom was the horse purchased: _____

4. If animal home bred, state price and basis of stud fee: _____

5. Give details of HORSE's Competition record, or any other factors that form the basis to justify the sum insured. _____

6. Date, time and place HORSE first discovered ill or injured. _____

7. What treatment, if any, was given prior to the arrival of the VETERINARY SURGEON. _____

8. Date and time VETERINARY SURGEON first advised. _____

9. Date and time VETERINARY SURGEON arrived to attend the HORSE and his diagnosis (please enclose report). _____

10. Name, address and telephone number of attending veterinary surgeon:

Name, address and telephone number of usual veterinary surgeon:

11. Date and time you first advised Kbis Limited.

12. For what purpose was the HORSE being used at the time it was first found to be ill or injured?

If the HORSE was injured how did the injury occur?

13. In whose charge was the HORSE at the time of the illness or injury? Give name and address

14. Give the date and time that the HORSE died or was destroyed and if the latter on whose recommendation.

15. If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.

16. Give details of any previous illness or injury involving this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON.

17. Give details of any previous treatment, surgery or medication administered to this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON.

18. Have you made any equine insurance claims during the last three years YES or NO?Delete as applicable

If YES please give details below and the name of the Broker/Agent concerned.

Insurer	Broker/Agent	Date	Amount	Animal Identification	Cause of loss

19. Was the HORSE, now the subject of this claim, insured elsewhere. YES or NO? Delete as applicable
If yes please supply details:

20. Are you the sole owner(s) YES or NO? Delete as applicable

If no, please give the name and address of other owners and state their interest

21. Is there any mortgage lien, loan, bill of sale or any other encumbrance on said HORSE:
YES or NO? Delete as applicable. If yes, please give details:

22.

The INSURED hereby claims of Underwriters and their appointed agents and will accept
from them in full release and satisfaction of all claims under this policy the sum of:.....

It is hereby noted that all claims that may be agreed, under policy «PY_NO» to be paid via Kbis Ltd
to and such payment to be sufficient discharge to Underwriters.

23.

Upon payment of the sum of the INSURED assigns by way of subrogation to the Underwriters
all rights which he may have against any third parties; the INSURED agrees that the Underwriters may pursue
recovery against such third parties in the name of the INSURED; and will fully co-operate with the
Underwriters in their pursuit of such subrogated rights in particular by the provision of information, documents
and evidence, as required by the Underwriters or their representatives.

24.

I hereby warrant the truth of the above answers and I understand that the issue of this claim form and release is
not an admission of liability.

Signature of INSURED personally

Date

Name of INSURED - please print

DATA PROTECTION ACT 1998

I hereby consent to any information you may have about me/us being processed by you for the purposes of
providing insurance and claims handling, which may necessitate your providing such information to third
parties.

Signature of Insured

Date
