

# KBIS TACK CLAIM FORM



Please tick appropriate section being claimed: Theft [ ] Damage [ ]

## 1. POLICYHOLDER'S DETAILS

Policyholder: \_\_\_\_\_ Cert No : \_\_\_\_\_  
 Address: \_\_\_\_\_

Postcode \_\_\_\_\_ Please supply Telephone No. \_\_\_\_\_

## 2. HOUSEHOLD CONTENTS INSURERS DETAILS

Household contents Insurer's name \_\_\_\_\_ Telephone No \_\_\_\_\_  
 Address \_\_\_\_\_

Policy No \_\_\_\_\_

Are there any other insurances in force covering the same property? YES [ ] NO [ ]  
 Have you made a claim against any other policy in respect of this Saddlery and Tack? YES [ ] NO [ ]

## 3. DETAILS OF CLAIM

Are you the sole owner of the property? YES [ ] NO [ ]

Please state the total original purchase price of Saddlery and Tack in your possession at time of loss £ \_\_\_\_\_  
 Please describe each stolen/damaged item, giving brand name where appropriate, whether it was purchased new or secondhand and the date of purchase. Please also state its purchase price, your estimate for wear and tear and the amount claimed - continue on a separate piece of paper if necessary.

ITEM	NEW\S-H	DATE OF PURCHASE	PURCHASE PRICE	WEAR & TEAR	AMOUNT CLAIMED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL AMOUNT CLAIMED £ \_\_\_\_\_

**4. DETAILS OF LOSS**

Give the date and time the loss/ damage occurred \_\_\_\_\_

Give the exact location of the loss/damage \_\_\_\_\_

Give full details of how the loss/damage occurred including the names of any witnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. TO BE COMPLETED IN RESPECT OF THEFT CLAIMS**

Give the full address and describe the premises in which the tack was kept \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the premises are not your home, please state who they belong to \_\_\_\_\_

Are the items always kept there? YES [ ] NO [ ]

Were the premises locked? YES [ ] NO [ ]

If YES describe the type of lock including the manufacturer's name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When were the police informed? \_\_\_\_\_

Give the name and address of the police station:

Please ask Police Officer to place Official Stamp

Station Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Officer's name \_\_\_\_\_

Number \_\_\_\_\_

Tel \_\_\_\_\_

Crime Report Number \_\_\_\_\_



**6. SECTION TO BE COMPLETED IN RESPECT OF DAMAGE CLAIMS**

Are the damaged items repairable? YES [ ] NO [ ]

**PLEASE RETAIN ANY DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE**

**7. SECTION TO BE COMPLETED BY THE POLICYHOLDER**

Documents required in support of this claim: Please tick if enclosed

Original purchase receipts [ ] Quotation for current replacement cost of exact equivalent

item(s) [ ]

Two estimates for repair (if repairable) [ ] Crime report (if available) [ ]

Saddler's written confirmation that each item is damaged beyond repair

(stating the approximate value before damage) [ ]

**8. SECTION TO BE COMPLETED BY ALL CLAIMANTS**

**I declare that all the above statements are true in every respect and that I have fulfilled the Terms and Conditions of the Policy.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to: K.B.I.S, Cullimore House, Peasemore, Newbury, Berks, RG16 OJN