

# **KBIS VETERINARY CLAIM** **CONTINUATION FORM**



**Please note that issuing of a continuation claim form does not constitute acceptance of a claim.**

The claim is only authorised once this document and all appropriate supporting documentation has been received and accepted by the Underwriter's representative. We would remind you that the vets fees cover is limited to 12 months from the onset of a condition.

**To be completed by the Assured and the Veterinary Surgeon attending the animal in respect of veterinary fee claims. This is to be obtained by the Insured at his own expense.**

## **1. POLICYHOLDER'S DETAILS**

Policyholder:

Cert No :

Address:

Postcode:

Please supply Telephone No.

## **2. DETAILS OF INSURED HORSE**

**Horse Name :**

**Age:**

**Colour:**

**Sex:**

## **DETAILS OF ADDITIONAL CLAIM**

State the amount to be claimed in writing and figures \_\_\_\_\_

## **3. VETERINARY SURGEON'S CERTIFICATE**

Please arrange for your Veterinary Surgeon to complete this or alternatively supply a detailed report of the history, diagnosis, treatment and prognosis of the condition to be claimed on. If the horse has been referred for a second opinion we require a copy of the original report.

### **PLEASE PROVIDE DETAILS OF CONTINUING TREATMENT**

Symptoms of current illness/injury \_\_\_\_\_

Diagnosis of current illness/injury \_\_\_\_\_

Prognosis of current illness/injury \_\_\_\_\_

If Alternative treatment has been undertaken was this done at your recommendation? YES [ ] NO [ ]

Where more than one condition has been treated, please indicate whether they are related. YES [ ] NO [ ]

Details of current Illness/Injury/Treatment \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

I confirm that to the best of my knowledge the statement(s) above are true in every respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Practice Stamp
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## **4. TO BE COMPLETED BY THE POLICYHOLDER**

Documents required in support of this claim:

Please tick if enclosed: Original Veterinary invoices [ ] Separate Veterinary report/s [ ]

Please circle the number of documents enclosed including this form 1 2 3 4 5 6 7 8

**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 KBIS, Cullimore House, Peasemore, Newbury, Berks, RG16 OJN  
Phone 01635 247474 Fax 01635 248660