



KBIS PERMANENT LOSS OF USE CLAIM FORM

Cullimore House, Peasemore, Newbury, Berks, RG20 7JN Phone 01635 247474 Fax 01635 248660

To be completed by the Assured

1. POLICYHOLDER'S DETAILS

Policyholder full name:

Cert No:

House name/number:

Road:

Town:

County:

Postcode:

Telephone No:

2. SECTION TO BE COMPLETED BY THE POLICYHOLDER

Usual Veterinary Surgeon's Name:

Address:

Telephone Number:

3. DETAILS OF INSURED HORSE

Horse Name:

Age:

Colour:

Sex:

Date of Purchase:

Price Paid:

Sum Insured: £

Are you the sole owner of the animal YES [] NO []

If NO, please provide full details.

For what purpose was the animal being used at the time of accident, illness or disease?

In whose charge was the animal at the time of the accident, illness or disease?

Name and Address if other than Policyholder.

Name:

Address:

Telephone Number:

4. DETAILS OF CLAIM

State the amount to be claimed in writing and figures:

Give the date, time and place animal first became ill or injured:

Give details of the illness/injury:



Date/Time Veterinary Surgeon first advised

Date:

Time:

Date/Time Veterinary Surgeon arrived to attend to animal

Date:

Time:

Please advise the circumstances leading up to the illness/injury and the names and addresses of any other persons involved other than the person in charge of the insured animal to the time.

Have you any other insurance for your horse? YES [] NO []

Give details of any previous illness or injury involving this animal whilst in your possession or known at the time of purchase

Have you received horse insurance payments before?

If so, give details

Company	Date	Amount	Horse name	Cause of Loss
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I hereby warrant the truth of the above answers and I understand that the issue of this claim form is in no way an admission of liability.

Signature of Insured

Date