



KBIS TRAILER/HORSE-DRAWN VEHICLE CLAIM FORM

Kbis, Cullimore House, Peasemore, Newbury, Berks RG20 7JN Telephone: 01635 247474 Fax: 01635 248660

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

1. POLICYHOLDER'S DETAILS

Policyholder, full name:

Cert No:

House name/number:

Road:

Town:

County:

Postcode:

Telephone:

2. TRAILER/HORSE-DRAWN VEHICLE DETAILS

Make and Model:

Chassis/Serial/Identification No:

Year of Manufacture

Date of Purchase:

Purchase Price:

Where Purchased:

Sum Insured:

Nature and extent of general usage:

Where normally kept :

Are you the sole owner YES [] NO []

3. DETAILS OF LOSS

i. Give the date and time the loss/damage occurred:

ii. Give the exact location of the loss/damage:

iii. Give full details of how the loss/damage occurred including the names of any witnesses:

iv. Was the trailer locked / wheel clamped YES [] NO []

If Yes, state type of lock and name of manufacturer

v. *Damage Only:* Was any vehicle involved other than the towing vehicle YES [] NO []

If Yes, please advise:

Name of owner:

Insurer:

Address:

Address:

Policy No:



4. SECTION TO BE COMPLETED IN RESPECT OF DAMAGE CLAIMS

Are the damaged items repairable? YES [] NO []
PLEASE RETAIN DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE

5. SECTION TO BE COMPLETED IN RESPECT OF THEFT CLAIMS

When were the police informed?
Give the name and address of the police station:
Station Name:
Address:

Officer's name and number:
Telephone:
Crime Report No:

Please ask Police Officer to place
Official Stamp below

6. SECTION TO BE COMPLETED IN RESPECT OF HORSE DRAWN VEHICLES ONLY

- i. Was horse-drawn vehicle fully restored when purchased/acquired YES [] NO []
- ii. If No, what additional work has been carried out since and at what time/cost?
- iii. Is work provided for in estimate solely to repair to pre-accident condition? YES [] NO []
- iv. What events/shows/displays (if any) have been entered and with what result?

- v. Are there any further details you would like us to consider in determining the pre-accident value?

7. SECTION TO BE COMPLETED BY THE POLICYHOLDER

Documents Required In Support Of This Claim: (Please tick if enclosed)

Repairers written confirmation that trailer is damaged beyond repair (stating approx value before damage) []

ALL CLAIMS

Original purchase receipts [] Two estimates for repair (if repairable) [] Crime Report []

TRAILERS ONLY

Quotation for current replacement cost of exact equivalent item []
Advertisements, letter from supplier etc to support value []
Repairers written confirmation that trailer is damaged beyond repair (stating approx value before damage) []

8. 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: