

# 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: \_\_\_\_\_ Cert No : \_\_\_\_\_  
Address: \_\_\_\_\_ Please supply 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 on reverse side.

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 \_\_\_\_\_

\_\_\_\_\_

<u>Company</u>	<u>Date</u>	<u>Amount</u>	<u>Horse Name</u>	<u>Cause of Loss</u>

**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** \_\_\_\_\_