

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