

# **KBIS VETERINARY CLAIM FORM**

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



## **Part One - To be completed by the Assured.**

### **Part One**

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

Policyholder:  
Address:

Cert No :

Postcode:  
Please supply Telephone No.

#### **2.SECTION TO BE COMPLETED BY THE POLICYHOLDER**

Usual Veterinary Surgeon's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Has any other vet has attended or seen your horse in your ownership? YES[  ] NO[  ]

Please give details on reverse side.

#### **3.DETAILS OF INSURED HORSE**

**Horse Name:**                      **Age:**                      **Colour:**                      **Sex:**

Are you the sole owner of the animal YES [  ] NO [  ] If NO, please provide full details on a separate sheet.  
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 and time the 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. \_\_\_\_\_

Has the treatment for this condition finished? YES [ ] NO [ ]

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

Who do you wish the claim to be paid to: Policy Holder [ ] Veterinary Practice [ ].

**5. DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM**

Please tick if enclosed: Excess Cheque is attached [ ] amount £.....Only required if paying vet direct.

First page of claim form [ ] Second page of claim form [ ]

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

**Declaration to be completed by the Policyholder.**

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

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## **Part Two - To be completed by the Veterinary Surgeon attending the animal in respect of veterinary fee claims.**

This is to be obtained by the insured at his own expense.

### **Part Two**

#### **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.

#### **POLICYHOLDER'S DETAILS**

Policyholder: \_\_\_\_\_ Cert No : \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

\_\_\_\_\_

**Horse Name:                      Age:                      Colour:                      Sex:**

Have you attended this horse before? YES [ ] NO [ ]

If YES, please provide full details of any illness, injury or symptoms relevant to current condition.

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

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

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

**If a detailed veterinary report has been done by yourself or a referral practice please attach a copy.**

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. \_\_\_\_\_

3. \_\_\_\_\_

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

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

Practice Stamp