

KBIS VETERINARY CLAIM CONTINUATION FORM



Please note that issuing of a continuation claim form does not constitute acceptance of a claim.

The claim is only authorised once this document and all appropriate supporting documentation has been received and accepted by the Underwriter's representative. We would remind you that the vets fees cover is limited to 12 months from the onset of a condition.

To be completed by the Assured and the Veterinary Surgeon attending the animal in respect of veterinary fee claims. This is to be obtained by the Insured at his own expense.

1. POLICYHOLDER'S DETAILS

Policyholder:

Cert No :

Address:

Postcode:

Please supply Telephone No.

2. DETAILS OF INSURED HORSE

Horse Name :

Age:

Colour:

Sex:

DETAILS OF ADDITIONAL CLAIM

State the amount to be claimed in writing and figures _____

3. 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.

PLEASE PROVIDE DETAILS OF CONTINUING TREATMENT

Symptoms of current illness/injury _____

Diagnosis of current illness/injury _____

Prognosis of current illness/injury _____

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. _____

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

Signature _____ Date _____

Practice Stamp

4. TO BE COMPLETED BY THE POLICYHOLDER

Documents required in support of this claim:

Please tick if enclosed: 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

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 KBIS, Cullimore House, Peasemore, Newbury, Berks, RG16 OJN
Phone 01635 247474 Fax 01635 248660