



**Claim Form**

**Having difficulty completing this form?  
Get in touch and we'll help**  
Tel: 01635 247474 (choose claims)  
Email: [ask@kbis.co.uk](mailto:ask@kbis.co.uk)

**Continuation Claim Form**

This form should be completed by Policyholders who have already submitted a veterinary fee claim to KBIS.  
This form does not need to be completed if fewer than 3 months have passed since KBIS last received a claim form.  
You must take care when answering the questions on this form. KBIS' claim assessor will use the information provided within this form and attached invoices to decide whether a claim should be accepted. If you do not understand the questions or the nature of the information required please contact KBIS. Failure to provide information or the provision of incomplete or inaccurate information may affect this claim.  
There are conditions, limitations and excesses within the terms and conditions which may prevent KBIS paying for everything you claim.

**Policyholder's Details**

**Reference No:** .....  
**Title:** .....  
**Forename(s):** .....  
**Surname:** .....  
**Address:** .....  
.....  
.....  
**Mobile number:** .....  
**Email address:** .....

**About Your Horse**

**Name:** ..... **Age:** ..... **Colour:** ..... **Sex:** .....

Details of the above horse's cover can be found on the Certificate of Insurance and were also provided with the original claim form.

**Documents you will be sending to KBIS.**

Please indicate below which documents have been enclosed with this form:

Original veterinary invoices  Separate veterinary reports   
Veterinary history  Other documents (state below)

### Veterinary Surgeon's Section

This section should be completed by the veterinary surgeon who has attended the horse. Alternatively KBIS will accept a detailed report of the history, diagnosis, treatment and prognosis of the condition to be claimed.

If the horse has been referred for a second opinion please supply a copy of the original report.

**Symptoms of current illness or injury:**

**Diagnosis of current illness or injury**

**Details of treatment carried out**

**Was alternative treatment undertaken?**

Yes

No

**If yes, was this carried out as a veterinary recommendation?**

Yes

No

#### Veterinary Surgeon's Declaration

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

**Signature**

**Date:**

**Practice Stamp**

### Policyholder's Declaration

**Please pay my claim:**

To my vet(s)

To me

Reference No: .....

Signature

Date