



Claim Form

Having difficulty completing this form?

Get in touch and we'll help

Tel: 01635 247474 (choose claim enquiries)

Email: ask@kbis.co.uk

Mortality Claim Form

This form should be completed by Policyholders who intend to submit a mortality claim to KBIS.

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:

Insured Horse:

This claim relates to the horse named above. If you intend to make a claim for any other horse insured with KBIS please contact KBIS to obtain a claim form for that horse.

Documents you will be sending to KBIS.

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

Items marked with an asterisk must be supplied unless KBIS have agreed otherwise

Post mortem report*

Purchase receipt*

Complete veterinary history*

Other documents (state below)

General Information

Are you the sole owner of this horse?

Yes

No

If no, please give the name and address of other owners and state their interest

Does anyone else have a financial interest in this horse?

Yes

No

(i.e. a horse dealer, who has not received full payment for the horse)

If yes, please give their name and address

Please provide details of their interest

What date did you purchase the horse?

What was the purchase price?

Who was the horse purchased from?

If the horse was homebred please state the price and basis of the stud fee

Please describe the primary use of the horse as well as any other factors which could form the basis for a justification of value. i.e. competition record or breeding.

Was the horse in your care, custody or control at the time the incident occurred?

Yes

No

If not, please provide the name, address and telephone number for the person who had the horse in their care, custody or control

Details of Claim

This section of the claim form should be completed by the policyholder.

If a veterinary fee claim has been, or will be submitted, in connection with this incident the section below does not need to be completed.

For what purpose was the horse being used at the time the accident, sickness or disease was noticed?

Please describe the circumstances leading up to the time the accident, sickness or disease was noticed/happened.

Was anybody else involved?
(other than persons you have noted above)

Yes

No

If yes please provide their name, address and telephone number (if known).

When did you first notice that the horse had suffered an accident or was sick?
(please give date and time)

Please describe the symptoms of the injury or sickness

Was any treatment given prior to the arrival of your veterinary surgeon?

Yes

No

If yes, what treatment was provided?

When did you first advise your veterinary surgeon?
(please give date and time)

When did your veterinary surgeon first attend your horse?
(please give date and time)

What diagnosis if any did your veterinary surgeon make/

Has your horse suffered from any medical conditions similar to those currently affecting your horse?

Yes

No

If yes, please provide full details of the condition including the date(s) your horse was affected by these problems

Please provide the name and address of the veterinary surgeon who attended your horse:

Is this your usual veterinary surgeon?

Yes

No

If no, please provide their name and address

Policyholder's Declaration

Do you have any other insurance policies that provide cover for this horse?

Yes

No

If yes, please give details of the insurer and the policy number

Have you made any equine insurance claims during the last 5 years?

Yes

No

If yes please provide details of the insurer and the nature of the claim

Settlement

Any payment due will be settled by BACS. Please fill out the section below with the bank details to whom payment should be made . Please check the details carefully.

Name of Account Holder

Account Number

Sort Code

Declaration

- I declare that all the statements contained within this form are correct to the best of my knowledge.
- I understand that if I have withheld information or misrepresented the facts upon which I have based this claim that my claim may not be paid and that the Insurer may void my policy.
- I give permission for KBIS to contact my veterinary surgeon* to obtain further information about my horse which may be relevant to my claim.
* This permission extends to include any veterinary surgeon who has attended my horse in the past.

Policyholder's Declaration

- I give permission for KBIS to discuss the details of my claim and if necessary the details of my policy with any veterinary surgeon who attends my horse in conjunction with this claim.
- This is not an 'agreed value' policy. The maximum amount that can be claimed in respect of Mortality under the Basic section of the policy is the Sum Insured as shown on the Certificate of Insurance. If the Market Value of the Insured Horse is less than the Sum Insured, the Insurer will not pay the Sum Insured and will pay only the Market Value at the time of loss. I understand this.
- Once settlement has been agreed I release KBIS Ltd. and the Insurer from any further liability in respect of Mortality and/or Loss of Use claims.
- Once settlement has been approved I agree to transfer all rights I may have as the Policyholder to the Insurer by way of subrogation in case of claims against any third parties. I agree that the insurer may pursue recovery against third parties in the name of the Policyholder and will cooperate with the Insurer in their pursuits of such subrogated rights. I understand this may include the provision of information, documents and evidence, as required by the Insurer or their representatives.

Signature

Date