



## 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](mailto:ask@kbis.co.uk)

### Trailer Claim Form

This form should be completed by Policyholders who intend to submit a Trailer 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. Claim payments are based upon the market value of the item(s) at the time of loss, this means that a deduction for depreciation/

### Policyholder's Details

Reference No: .....

Title: .....

Forename(s): .....

Surname: .....

Address: .....

.....

.....

Mobile number: .....

Email address: .....

### 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

Original Purchase Receipts\*

Evidence of current replacement  
cost of equivalent items

Two estimates for repair

Crime report

### Details of Claim

What type of claim are you submitting?

Claim for damage

Claim for theft

Are you the sole owner of the property?

Yes

No

If no, please provide details of the person(s) you share ownership with

Please state the total, original, value of the items you are submitting a claim for

### Details of Trailer

Please give the make/model of the trailer

What is the trailer's serial/chassis number?

What year was the trailer manufactured?

When did you purchase the trailer?

What was the purchase price?

Who did you purchase the trailer from?

What was the overall condition of the trailer?

### Details of Incident

Please give the date and time the loss occurred

How did the loss occur?

Where did the loss occur?  
(Please specify location)

Were there any witnesses?

Yes

No

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

### Claims for damaged items

This section should be completed if you are submitting a claim because your trailer has been damaged.

Can the damaged items be repaired?

Yes

No

Have you obtained any estimates for repair?

Yes

No

If the damage occurred as a result of an accident, were any other parties involved?

Yes

No

If so, do you hold them responsible for the damage?

Yes

No

If yes, please provide their name and address.

Please provide the name of the third party's insurer and policy number

## Claims for stolen items

This section should be completed if you are submitting a claim because your trailer has been stolen.

Please provide the address at which the theft occurred

What sort of premises is this?

i.e. Livery yard

Who do the premises belong to?

Are the items usually stored at these premises?

Yes

No

Was the trailer secured with a wheel clamp or hitch lock?

Yes

No

What security device was fitted to the trailer at the time of the theft?

Have the police been informed?

Yes

No

Please provide the station name and address?

What is the attending officer's name?

Please provide the crime reference number

### Policyholder's Declaration

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

Yes

No

i.e. contents insurance

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

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

Yes

No

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

### 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.

Signature

Date