

Claim form horse Insurance

EHSAFP-011120

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IMPORTANT:

- Complete all applicable questions as fully as possible to prevent delays in the claim adjustment.
- Always include declarations, original invoices and other supporting documents.
- Incomplete or unsigned claim forms will not be considered.

1.	Customer numbe	er		Policy number				
2.	Type of claim	☐ invoice	□ permanent di	sability	□ euthanasia/death	☐ theft	☐ Civil Liability Insurance	
3.	Policyholder Name IBAN							
				E-mail				
				Telephone Telephone				
	rostcode/city			reiepnone				
4.	Details of horse			Genda	ar.			
				Gender Chip number				
5.	Claim details Have you reported the damage to us?						□ no	
	Has the horse been referred by your own veterinarian? Treated on Is there a relapse?			☐ yes, to which clinic ☐ clinic ☐ stable address other, namely ☐ yes ☐ no If so, provide details ☐ yes ☐ yes ☐ no			□ no	
	Date				Signature policyholder			
	process your clai	process your claim, it must be complete with added appendix (by email or post);						
In case	of an invoice:			- original i	eport and/or patient report nvoice(s) imaging (ultrasound/X-ray)	-		
In case of permanent disability or euthanasia/death;				- signed substantiated report or unfit declaration and/or patient report of your				

veterinarian

- euthanasia declaration

- digital photos damage

- if taken, imaging (ultrasound/X-ray/CT/MRI/digital images/film clip)

- digital photos damage caused by forcible entry

- pro forma invoice damage/loss assessment

- rejection of own AVP/WA insurance

*Delete as appropriate

In the event of Civil Liability Insurance (WA);

Please note, the WA is a secondary insurance.

In case of theft;