

AIUA



Equine
Claim Form



Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to YOUR INSURANCE BROKER, who arranged this insurance for you. They will forward it to AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.	<input type="text"/>	Policyholders Name	<input type="text"/>
Insured Person's full name (including any titles)	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

Please tick which Sections of the Policy you are claiming for in the box below

Section 1	Death of the horse	<input type="checkbox"/>	Section 7	Saddlery & Tack	<input type="checkbox"/>
Section 2	Theft or Straying	<input type="checkbox"/>	Section 8	Permanent Loss of Use	<input type="checkbox"/>
Section 3	Public Liability	<input type="checkbox"/>	Section 9	Stable Loss	<input type="checkbox"/>
Section 4*	Equine Legal Protection	<input type="checkbox"/>	Section 10	Loss of Entry Fees	<input type="checkbox"/>
Section 5	Personal Accident & Dental Cover	<input type="checkbox"/>	Section 11**	Equi- Veteran	<input type="checkbox"/>
Section 6	Veterinary Surgeons Fees	<input type="checkbox"/>	Section 12	Trailer & Horse Drawn Carriages	<input type="checkbox"/>

Please complete the relevant boxes on the following pages applicable to your section choices above

* **Section 4 : Equine Legal Protection**
Please note that cover under this section of your policy is provided by FirstAssist Insurance Services Limited on behalf of Great Lakes Reinsurance (UK) Plc -
In the event of a claim, please contact directly on 020 8652 1313

** **Please complete where indicated by 'Section 11' the questions overleaf for information gathering purposes to help us deal with your claim**

Complete the following questions if your claim relates to Sections 1, 2, 6, 8 & 11			
Name of the horse on the policy schedule		Breed	
Identity Mark		Age	
Sex		Colour	
Height		Date of Purchase	
Purchase Price	£	Market Value	£
If the claim is for death, or loss of the horse through theft or straying please provide Purchase & Registration documents, together with a professional valuation of the animal(s) (please note this documentation is to be supplied at the clients own expense).			
For what purpose is the horse used		By whom	

Complete the following questions if your claim relates to Sections 1, 6, 8 & 11			
Date animal(s) first became ill or accident occurred	Date dd/mm/yyyy	Time	am/pm
Date animal(s) was first attended by the Veterinary Surgeon	Date dd/mm/yyyy	Time	am/pm
Date the slaughter or death occurred if applicable	Date dd/mm/yyyy	Time	am/pm
State location of the animal at the time of death if different to the policyholders address mentioned above			
If accidental injury or death, please state how it occurred and where			
Diagnosis of illness or injury, and any associated details			
Please support this claim with copies of applicable veterinary invoices and reports you have received			
Has the horse ever suffered from a similar injury/illness?	YES	NO	
If 'YES' please provide full details			
Please state your usual weekly livery fees and shoeing costs?	£ LIVERY	£	SHOEING
Name and address of the Veterinary Surgeon (if this is not your usual Veterinary please advise details of all Veterinary's used in connection with this animal)			
Were any veterinary and or disposal fees incurred?	Yes	No	
If 'Yes' please attach copy invoices			
Please request your Veterinary Surgeon completes the Certificate at the end of this document			

Complete the following questions if your claim relates to Sections 2 Theft or Straying	
Date horse was last seen	
Location horse was last seen	
Details of police station notified	
Crime reference number allocated	
If claiming for advertising please give details and attach invoices	
Are you claiming for a reward reimbursement in the event of the horse having been recovered? If 'yes' please give details	

Complete the following questions (and indicate which section) if your claim relates to				Section 3 Public Liability	<input type="checkbox"/>
				Section 5 Personal Accident / Dental	<input type="checkbox"/>
Injured Party name		Date of incident			
Name of horse involved		Tel. No.			
Address details					
Under whose custody and control was the horse at the time of the incident					
Location of incident					
Accident description					
Has an incident of this nature occurred before		Yes		No	
If 'Yes' give details					
Do you feel there was anything further you could have done to either foresee or prevent this incident from occurring?					

Injury/Damage	
What is the nature of the injury or damage?	

Please provide details of any witnesses			
Name		Name	
Address		Address	
Tel. No.		Tel. No.	
ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED			

Complete the following questions if your claim relates to Sections 7, 9, 10 & 12

Date of Occurrence		Time AM / PM	
Name & Address including postcode of person who discovered loss/damage			
If you hold household content cover with either ourselves or another provider which may cover this loss please confirm contact details and policy number			

Location Details

Occupiers Name		Address			
Post Code		Tel. No.		email	

Complete the following questions if your claim relates to Sections 2, 7 & 9

Name of address of police / fire station notified					
Date and time of occurrence	Date	dd/mm/yyyy	Time	am/pm	
Reporting officer's name and number					
Crime / Fire Reference Number					
If Theft , was there forcible and violent entry to or exit from the premises? YES / NO (delete as applicable) If 'YES' please give details.					


Details of Circumstances

Please state how the loss/damage was caused e.g. theft, accident etc.					
If fire , please state cause of outbreak					
Please describe fully the circumstances of the occurrence and give the names(s) of witnesses or persons having knowledge of the situation					
Please state all security measures in force at the time of the loss					

Complete the following questions if your claim relates to Section 12 Trailers and Horse Drawn Vehicles			
State whether Trailer or Carriage		Model	
Chassis and or Identification No.		Year of manufacture	
Location or usual storage address			
Value	£	Date of Purchase	
Purchase Price	£	Nature of Use	

Accident Damage			
Is the trailer/carriage still usable?		YES	NO
Repairer name and address			
Email		Tel. no.	
Where is the trailer/carriage at present?			
Is the trailer/carriage incurring storage charges?		YES	NO
If 'YES' Please provide invoices			

If the cause of the loss is an ACCIDENT then please complete the box A. If the cause of the loss was THEFT then please complete box B over leaf

Accident Details				
				
Date		Time		Location
Please state: Weather conditions		Speed limit		Speed of vehicle towing trailer
Did the police attend?	YES	NO	Accident No.	
Police Station address and attending officer details				

continued over

Theft Details			
B			
Date of Theft		Time of Theft	
Exact Location of theft			
Was the trailer/carriage in a locked building?	YES	NO	
Was the trailer/carriage locked?	YES	NO	
Was the trailer/carriage fitted with an immobilising device?	YES	NO	
If 'YES' please give details			
Has the trailer/carriage been recovered?	YES	NO	
If 'YES' please provide an estimate for repairs	When were the police notified?		
Please give details of the police station and name of attending officer	Crime Reference No.		

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed Date

AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk

Geo Agriculture and AIUA are a trading name of Geo Underwriting Services Ltd authorised and regulated by the Financial Conduct Authority. FCA registered number 308400. Registered address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent, ME14 3EN. Registered in England. Company number 4070987. A member of the Ardonagh Group of Companies. Telephone calls may be recorded. Insurers, their agents and fraud prevention agencies obtain and share information with each other to prevent and detect fraudulent claims. This helps to protect our customers and ourselves from such activity. In addition, we reserve the right to load your details to the Insurance Fraud Register which may affect your future applications for insurance products. For further information please visit the IFR website www.theifr.org.uk/en. For details of how we use personal information collected, view our privacy policy at www.geounderwriting.com/fair-processing-notice.

Veterinary Certificate

Veterinary Surgeons Certificate - to be supplied by the Insured at their own expense in support of Sections 1, 6, 8 & 11			
I hereby certify that I, the undersigned attended the animal described below, and confirm that it is the property of :-			
Policyholder's name		Address	
Animal Details		Name	
Breed		Identity Mark	
Sex		Age	
Market Value before loss	£	Height	
Loss Details			
Date of first attendance of animal		Date dd/mm/yyyy	Time am/pm
Date last attended		Date dd/mm/yyyy	Time am/pm
Please give full details as to the cause of loss			
What was the general condition of the animal?			
If illness, when in your opinion did the condition first manifest itself?			
Has the animal ever suffered from a condition of a similar nature before? If so, please give details?			
If the animal was euthanased, please confirm this was done on immediate and humane grounds and STAMP / SIGN to verify this has been answered by YOU .		Yes	No
If an accident, when and where did this occur?			
In your opinion is the injury /illness consistent with the incident reported to you by the policyholder?		Yes	No
Have you made any recommendations for alternative treatment or referral?		Yes	No
If 'YES' please provide details			
Please support this document with a copy of the horses clinical history detailing all routine and non routine treatment administered since being under the care of your practice			
Declaration by the Veterinary attending			
I hereby certify that the above particulars are to the best of my knowledge and belief true and accurate and that no information which ought to be given has been withheld by me.			
Veterinary's Signature		Print name	Address of Surgery
Date		Tel. No.	Email Address

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Important notice regarding claim payments

If your claim is successful you may elect to receive payment either by cheque or by BACS transfer. Please indicate your preference below, and where BACS transfer has been selected, provide the details listed.

You may wish to submit this page separately to your Insurance Broker. If so, please ensure you provide your policy number and/ or claim reference number. Thank you.

Cheque	<input type="checkbox"/>	BACS Transfer	<input type="checkbox"/>
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Name of Bank	<input type="text"/>
Branch	<input type="text"/>
Sort Code	<input type="text"/>
Account No.	<input type="text"/>
Account Name	<input type="text"/>
Payment Reference	<input type="text"/>

If the account details provided above are for someone other than the named policyholder, please provide a comment in the box below, and authorisation:

<input type="text"/>

By providing your details below, you confirm that all parties of the Insured entity agree that payment may be released to this account rather than to the account of the policyholder:

Policyholder Name	<input type="text"/>
Policyholder Signature	<input type="text"/>
Date	<input type="text"/>

Once the appropriate claim payment/s have been processed and the above details are no longer required, they will be removed from the claim file and destroyed in accordance with our data retention policy.

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