

# Horse and Pony Insurance Claim Form

Telephone: 01708 850000 Fax: 01708 851773

We are very sorry to hear of the recent circumstances that you have reported to us. Our aim is to deal with your claim as speedily, efficiently and as fairly as possible.

To help us help you it is important that you read the notes below and complete and return the relevant sections of these forms as soon as possible.

## IMPORTANT NOTES

1. Section 1 and Section 2 must be completed signed and returned immediately – do not wait for Section 3 to be completed by your Veterinary Surgeon or for any treatment to be completed.
2. Section 3 must be detached and sent to your Veterinary Surgeon for completion and immediate return to our claims team quoting any reference you may have been given by us. Any Veterinary Report has to be completed at your expense.
3. Please send to us any invoices detailing the costs of treatment as soon as you receive them. Invoices should be fully itemized, including a VAT breakdown and registration number if applicable and be supplied via the policyholder. Invoices supplied direct from the Veterinary Practice or practitioner may be forwarded to the policyholder for agreement prior to assessment within the claim. All accepted claims for treatment will be settled directly by us at our discretion, to your Veterinary Surgeons or other practitioner if agreed, unless you instruct us otherwise. You are responsible for payment of any excess that is applicable and for any other amount for which the insurer has not accepted liability.
4. The cost of preventative medicine (e.g. inoculations/teeth rasping) is not covered.
5. Credit charges, interest or fees for the completion of reports are not covered. Some policies do not cover charges for keep, livery and transport; please see your policy wording or check with us to see if these may be included in your claim.
6. Any discounts given will be deducted from settlements whether or not any time limit for such discounts has expired.
7. The following procedures are not covered unless we have given our prior written consent; alternative and complementary treatments and associated costs carried out by a vet or other practitioner, MRI, CAT scan, Scintigraphy, Thermography, Hydrotherapy, Myelography, nutraceuticals, rehabilitation and referral for further investigation. Please check your policy wording.
8. Surgery or other procedure to be performed under general anaesthetic must have our prior written approval unless the situation is an emergency to save the life of your horse or pony.
9. Euthanasia requires our prior consent, unless in an emergency and necessary on humane grounds.
10. Please refer to your policy documents for full details of the cover provided.
11. Claim settlement is subject to the premium being paid in full.

### Exchange of Information

To prevent fraud and for statistical purposes, information may be recorded and contained on an industry database shared by other insurance companies. We may check any answers that you give against this database or with other insurance companies.

### If you have any queries

Please do not hesitate to call us if you have any queries. Keeping us fully informed will help us to deal with your claim quickly.

**SEIB Insurance Brokers, South Essex House, North Road, South Ockendon, Essex RM15 5BE**  
**Telephone: 01708 850000 E-Mail: [enquiries@seib.co.uk](mailto:enquiries@seib.co.uk) Website: [www.seib.co.uk](http://www.seib.co.uk)**



# SECTION 2

Please complete  
in BLOCK CAPITALS

## VETERINARY FEES AND/OR DEATH OR PERMANENT INCAPACITY

In what activity was the horse engaged when the symptoms were first exhibited? .....

What were the symptoms exhibited when the horse was first injured or taken ill? .....

If lame, which limb was affected? ..... If injury, how did the accident occur? .....

.....

Date and time when symptoms first noticed? ..... Date and time Veterinary Surgeon was first notified? .....

Date when vet first attended the horse in connection with this claim? .....

Name and telephone number of vet attending this claim .....

.....

If this is not your usual Veterinary Surgeon please explain why they were not used for this incident. ....

.....

.....

What is the Veterinary Surgeon's diagnosis? .....

.....

What is the Veterinary Surgeon's recommended treatment? .....

.....

If your vet is referring you to another vet or veterinary hospital or to a person/clinic providing alternative or complementary treatment please provide the name, address and telephone number.

.....

.....

Has treatment been concluded? **YES / NO**

If you are claiming for farrier fees please supply the name and address of your usual farrier and the cost of your horse's normal shoes .....

.....

Has the horse previously suffered from any accident/disease? If so, please supply date, details and name and address of Veterinary Surgeon in attendance.

.....

.....

**If claiming for loss of use:**

a) What use or purpose will you keep the horse or pony for in the future? .....

b) What do you believe is the current value of your horse/pony? .....

**N.B. Freezemarking of the horse or pony will be required if a permanent incapacity claim is agreed.**

**If your horse has died, please complete the following:**

Date and time when horse died .....

Cause of death .....

If destroyed give reason for this course of action .....

.....

.....

Has the carcass been disposed of? **YES / NO** If so, state price obtained.....

How many horses have you lost during the past six years and from what causes? .....

.....

.....

**N.B. In the event of death the carcass becomes the property of the Insurance Company and must not be disposed of until you have permission to do so. Please see your Policy for the Insurers' requirements regarding a Post-Mortem. If you contact us we may be able to waive this requirement. No claim will be considered without full Veterinary Reports.**

**YOU MUST SIGN THE DECLARATION OVERLEAF FOR ALL CLAIMS**

Please detach Section 3 opposite and send to your Veterinary Surgeon for completion



## FOR ADDITIONAL INFORMATION

## DECLARATION

I/WE hereby declare that all the details given by me/us on this form are to the best of my/our knowledge true and complete. I agree to co-operate with any enquiry that the insurer or their representative may make in respect of this claim and provide any further information that may be requested. I authorise you to speak directly to my Veterinary Surgeon or anyone else attending the horse. I consent to this claim being handled by SEIB Insurance Brokers on behalf of the insurer.

Date ..... Signed ..... Print Name .....

- I enclose my horse's passport (required for permanent incapacity/mortality claims).
- All invoices shall be submitted via myself. Please pay my vet direct after deducting policy excess and any other items that are not recoverable.
- I will be paying my vet, please reimburse me (receipts will be required)
- I agree to any outstanding premium being deducted from the claim settlement



Over 50 years of excellent service

Tel: 01708 850000 Fax: 01708 851773

Emergency Line Only 07747 458486

(Outside of hours 9-5 weekdays, 9-12 Saturdays)

Email: [enquiries@seib.co.uk](mailto:enquiries@seib.co.uk) Website: [www.seib.co.uk](http://www.seib.co.uk)

### SEIB Insurance Brokers

South Essex House, North Road, South Ockendon, Essex RM15 5BE

**Tel: 01708 850000** [www.seib.co.uk](http://www.seib.co.uk)

# SECTION 3

Claim No: .....

Broker Ref: .....

Please complete in BLOCK CAPITALS

To be quoted on all correspondence

## VETERINARY SURGEON'S REPORT FORM

### Guidance for the attending Veterinary Surgeons

Our insured has informed us that their horse is suffering from a disease/has sustained an injury and we would appreciate your giving us the information asked for below, in order that any subsequent claim may receive consideration. This form should be returned immediately to the insured, even if the treatment is incomplete. Please note that any charges made for the completion of this form, costs for livery and keep of the animal and transport costs are the responsibility of the owner and may not be covered by the insurance. Invoices and details of the cost of the treatment should be sent to the owner/insured to send on to us. We may make, at our discretion, payment of costs accepted by the insurers direct to you unless specifically requested otherwise. You will need to ensure you collect any excess and other costs not covered by the insurance. There are some procedures where consent is required before they are carried out: **1.** Surgical procedures carried out under general anaesthetic, except in the event of an emergency, **2.** Slaughter unless in an emergency and immediately necessary within BEVA guidelines. **3.** The following procedures are not covered unless we have given our prior written consent; alternative and complementary treatments and associated costs carried out by a vet or other practitioner, MRI, CAT scan, Scintigraphy, Thermography, Hydrotherapy, Myelography, Nutraceuticals, Rehabilitation and referral for further investigation. Please check your policy wording.

You will find our claims team willing to be as helpful as possible so please feel free to call us if you wish to discuss any matter. The contact details are shown overleaf and if it is an emergency outside of the hours of 9 to 5 on a weekday, or 9 to 12 on Saturday, you can use our special Emergency Helpline: 07747 458486. We may need to contact you again, but will try and keep further requests for information to a minimum.

### Details of the horse concerned:

Name & address of owner .....

.....

Name of horse ..... Sex ..... Age .....

Height ..... Colour ..... Identity Marks .....

Breed .....

Date and time of your first consultation (For the condition for which this claim is presented)

.....

What symptoms are/were exhibited?

.....

If lame, which limb is affected? .....

What was your diagnosis? .....

When did the problem first arise? .....

What was the cause? .....

What treatment has been carried out?

.....

What is the cost to date? .....

What further treatment is recommended? .....

.....

What is the estimated cost of further treatment? .....

In your opinion, is the condition likely to result in any permanent disability? .....

In your opinion, will the condition be likely to recur? .....

Are any of the above conditions regarded as hereditary or congenital? .....

Has your practice treated this horse previously, if so please give details and dates .....

.....

In your opinion, has proper management of the horse been maintained before and after this incident? .....

Are you the horse's usual Vet? **YES / NO** If no, who is the horse's usual Vet? .....

If yes, how long have you known the horse? .....

Do you have any other observations about this case? .....

**N.B. YOU MUST SIGN THE DECLARATION OVERLEAF FOR ALL CLAIMS**

CONTINUED OVERLEAF

# ADDITIONAL VETERINARY SURGEON'S CERTIFICATE

## To be completed only if claim is in respect of 'PERMANENT INCAPACITY'

In my opinion, the horse cannot in future be used or kept other than for .....

For the following reasons .....

## To be completed in the event of DEATH or DESTRUCTION

**NB: The horse's carcass should not be disposed of until we have obtained consent from the insurers. Please contact us as soon as possible as we may be able to obtain agreement from the insurers to waive the right of a full post mortem examination.**

The cost of carrying out any post mortem is the responsibility of the owner and is not covered by the insurance.

Please state the time and date of death.....

What was the cause of death?.....

How long had the condition causing death been in existence?.....

Was the horse euthanased? YES / NO

Was the insurers consent obtained prior to euthanasia? YES / NO

If consent was not obtained please explain the circumstances for carrying out euthanasia .....

Was the requirement for a post mortem waived by the insurer? YES / NO

If NO, was a post mortem carried out? YES / NO

If YES, please give the results and your general observations.....

## DECLARATION (To be signed in all cases)

**NB: Return of this report, completed as fully as possible should not be delayed pending completion of further treatment. This form is required only as an indication of the condition being treated.**

I confirm to the best of my knowledge that the above statements are true in every respect.

Signed **X** .....

MRCVS

Email .....

Date.....

**X** ..... MRCVS Name

Practice Stamp