



## EQUINE CLAIM FORM

INSURED NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

BROKER \_\_\_\_\_

AIUA claims are handled in compliance with the requirements of the ABI Claims Code.  
Further information can be obtained by visiting the ABI website <http://www.abi.org.uk>

### IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (**BACS**).

In order to do this the company will need you bank account details so please complete the form below (Capital Letters Please) :-

Name of Bank	
Branch	
Sort Code	
Bank Account Number	
Account Name	

#### Towergate AIUA

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Towergate AIUA is a trading name of Towergate Underwriting Group Limited

Registered in England No. 4043759 Registered Address: Towergate House, 2 County Gate, Staceys Street, Maidstone, Kent ME14 1ST

Authorised and regulated by the Financial Services Authority



**Policyholder Details**

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Tel. No. (Home) \_\_\_\_\_ Tel. No. (Work) \_\_\_\_\_

Are you VAT registered? YES / NO

Can you recover VAT for this claim? YES/ NO

**Interest**

Does the animal belong to you? YES / NO

If no, please state details of the owner \_\_\_\_\_

Is any other insurance in force on the animal? YES / NO

If yes, please state details \_\_\_\_\_

**Details of the animal**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Colour and distinguishing marks \_\_\_\_\_ Height \_\_\_\_\_

Market value prior to illness or injury \_\_\_\_\_

For what purpose has the animal been used since the insurance was effected? \_\_\_\_\_

By whom? \_\_\_\_\_

**Details of illness / injury**

Date illness commenced or injury sustained \_\_\_\_\_

Nature and cause of illness / injury \_\_\_\_\_

Has the animal ever sustained similar injury/ illness before? If so, please provide details \_\_\_\_\_

Date the veterinary surgeon first attended \_\_\_\_\_

Date of death \_\_\_\_\_ Time \_\_\_\_\_

Cause of death \_\_\_\_\_

In whose charge was the animal when it was taken ill / injured? \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Name and address of veterinary surgeon \_\_\_\_\_

**Additional information required in the event of accidental death**

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ am/ pm

Where did the accident occur? \_\_\_\_\_

How did the accident occur? \_\_\_\_\_

Who was in charge of the animal when the accident occurred? \_\_\_\_\_

**Details of claim (Death of the animal)**

Date of purchase \_\_\_\_\_ Purchase Price £ \_\_\_\_\_

Name and address of vendor \_\_\_\_\_

Amount of claim ( i.e. market value less any salvage value) £ \_\_\_\_\_ Value of salvage £ \_\_\_\_\_

**Declaration**

I / we hereby certify that the above particulars are, to the best of my/ our knowledge and belief, true and accurate and that no information which ought to be given has been withheld by me/ us.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VETERINARY SURGEON'S REPORT**

I \_\_\_\_\_ certify that I have attended the animal below.

**Animal Details**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Colour and distinguishing marks \_\_\_\_\_ Sex \_\_\_\_\_

Age (rising) \_\_\_\_\_ Height \_\_\_\_\_

**Details of illness or injury**

State, in your opinion, the date injury/ illness commenced \_\_\_\_\_

Date of first attendance \_\_\_\_\_ Date of last attendance \_\_\_\_\_

Nature and cause of illness/ injury \_\_\_\_\_

Date of death \_\_\_\_\_ Time \_\_\_\_\_ am/ pm

Place of death \_\_\_\_\_

Cause of death \_\_\_\_\_

If post mortem examination has been carried out, please give results \_\_\_\_\_

Under whose veterinary care has the animal been since the accident or commencement of the illness? \_\_\_\_\_

Has there been the exercise of proper care and treatment both before and after the illness/ accident? YES / NO

Has the injury or illness been accelerated or brought about by the owner or employees? YES / NO

By neglect? \_\_\_\_\_ By overwork? \_\_\_\_\_

State, as far as can be ascertained, the kind of work the animal has had to do \_\_\_\_\_

What was the market value of the animal immediately prior to the accident or illness? \_\_\_\_\_

Please provide full details of the animals medical history (Please continue on a separate sheet if necessary) \_\_\_\_\_

**Declaration**

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Practice name and address \_\_\_\_\_