

Date received	

For Petplan Equine use only

## Claim Form for Loss by Theft or Straying, Advertising and Reward

## PLEASE COMPLETE A SEPARATE FORM FOR EACH HORSE

N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

- Please include all required documentation
- CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU
- · Please send the completed form to: Petplan Equine, Great West House (GW2), Great West Road, Brentford,

We're happy to help!

If you have any questions call us on 0345 074 4408

Middlesex TW8 9DX. lease complete using a Bl	LACK PEN and BLOCK CAPITAI	www.petplanequine.co.uk	
1. Policyholder to complete	POLICY NUMBER	Reference letters not required	
2. Policyholder to complete	ABOUT YOU	A. When did you first notice your h	orse was missing?
Policyholder's surname		Date / /	Time
First name		Place	
Email address	(Required for electronic payments)	B. Where and when was your hors	e last seen?
Policyholder address	(	Date / /	Time
		Place	
	Postcode	C. If your horse has been recovered	ed, please state
Telephone no.		Date / /	Time
Mobile no.		Place	
Please ensure this address is whe	re you wish to receive correspondence. Your	policy will be updated to these deta	ils
Policyholder to complete	ABOUT YOUR HORSE	B. Please tell us the details of the p was reported to: (continue overlea	police station the theft of your animal f if necessary)
Your horse's stable name		Name	
Horse's Microchip no.		Address	
Freezemark no.			
Registered name			Postcode
se's date of birth / /		Telephone no. (incl. STD)	
Breed		Date reported / /	
Stallion Gelding Mare		Police report no.	
ls your horse insured with any other	company? Yes No	C. Please tell us the details of all the was reported to: (continue overleans)	ne vet practices the loss of your animal
f Yes, please state which company		Name	,
Where did you purchase your horse?	)	Address	
Date of purchase			
Original purchase price:	•		Postcode
Value immediately prior to the loss		Telephone no. (incl. STD)	
-		Date reported / /	
Policyholder to complete	ADVERTISING		
What are you claiming for?	Advertising Reward Loss		
Please give full details		Please state amount £	-
		Please include examples of adve your horse before making a claim for lo	ertising (please note you must have advertised oss, theft or straying)
Policyholder to complete	REWARD	Please state amount £	-
Have you paid a reward?	Yes No No		on from the person who received the rewar
Was the reward agreed in advance wi	ith Petplan Equine? Yes No	and include their name, address, of how they found your horse.	phone number and the full circumstances

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM: IF YOU ARE CLAIMINE OF THE PURCHASE PRICE OF YOUR HORSE, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS Please tok If enclosed Purchase receipt Freezemar/branding documentation/passport Any other relevant documents Receipts to support advertising expenses (if applicable)  If unable to send any of these documents please offer explanation on a separate sheet of paper  7. Policyholder to complete PAYEE DETAILS Please tok one of the options below Electronic payment Electronic payment Cheque will be automatically made payade to the bank account your premium is collected from. Cheque Cheque will be automatically made payade to the bank account your premium is collected from.  N.B. in cases where a missing horse is recovered subsequent to payment of a case may be completed to the provide in received of their damatically made payade to the bank account your premium is collected from the bank and the premium the precised of the scan and the provide in the precised of the scan and the precised of the scan and the precise of the scan account the scenario of the precise account the scenario of the provide in the precise of the scan and the provide in the precised of the scan and the precise of the scan account the scenario of the provide in the precise of the scan and the provide in the precise of the scan and the provide in the precise of the scan and the precise of the scan account to the precise of the scan account the precise of the precise of the scan account the						
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The completed form should be returned to: Petplan Equine, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Equine Customer Service: 0345 072 8899 Email: equineclaims@petplan.co.uk