



Claim form horse Insurance

EHSAFP-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

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 number Policy number

2. Type of claim invoice permanent disability euthanasia/death theft Civil Liability Insurance

3. Policyholder

Name IBAN

Street E-mail

Postcode/city Telephone

4. Details of horse

Name of horse Gender

Date of birth Chip number

5. Claim details

Have you reported the damage to us? yes, date no

Date and time of damage

Location of damage

Circumstances of the damage *competition / on loan to third parties / training / recreation / stable or outdoor grazing

Description of circumstances and damage

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Has the horse been offered to several veterinarians for this claim? yes no

If so, what is the reason?

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Has the horse been referred by your own veterinarian? yes, to which clinic no

Treated on clinic stable address other, namely

Is there a relapse? yes no

If so, provide details

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Date Signature policyholder

process your claim, it must be complete with added appendix (by email or post);

In case of an invoice;	- signed report and/or patient report of your veterinarian - original invoice(s) - if taken, 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 - if taken, imaging (ultrasound/X-ray/CT/MRI/digital images/film clip) - euthanasia declaration
In case of theft;	- police report - digital photos damage caused by forcible entry
In the event of Civil Liability Insurance (WA); Please note, the WA is a secondary insurance.	- rejection of own AVP/WA insurance - pro forma invoice damage/loss assessment - digital photos damage

*Delete as appropriate