



Claim form for funeral Insurance

EHSAFU-011120

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

Client number Policy number Start date of insurance

1. Policyholder

Name M/F Address

Zip/ City E-mail

Telephone private Telephone mobile

Date of birth.....

2. Details of horse

Name of horse..... Breed.....

Sex Parentage

Date of birth Height..... Studbook number

Chip number Color + markings.....

3. Circumstances surrounding the death (tick and complete as appropriate):

Declaration of the veterinary surgeon (to be completed by the veterinary surgeon concerned)

The undersigned veterinary surgeon

declares that the aforementioned horse

was put down by the undersigned on in connection with

died on as a result of:

Signature of the veterinary surgeon Place

Telephone

Declaration of the policyholder (if a veterinary surgeon is not involved)

The policyholder declares that the aforementioned horse died on

as a result of

4. Funeral declaration

The funeral arrangements for the aforementioned horse were handled by

Address..... Zip/ City

Telephone..... E-mail

Signature Funeral centre Signature Policyholder.....

Important note! Please complete this form in full and hand it over to the transport service that takes the horse to the funeral centre! The funeral centre will transmit the form to Hippo Horse Insurance.