



# Claim form for funeral Insurance

EHSAFU-011120

Return address Keetgracht 1 • 1811 AM Alkmaar • T +31(0)73 6419419 • info@hippohorseinsurance.nl

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.**