



Scottish Equestrian
Insurance Services

For SEIS use

Claim Form - Saddlery and tack

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

The completed form should be returned to: **SEIS, PO Box 224, Huddersfield, HD8 1FS.**

CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU.

Please complete a separate form for each horse. **PLEASE COMPLETE IN BLOCK CAPITALS**



0345 070 1063

Please phone if you have any questions regarding this form.

SECTION A TO BE COMPLETED BY THE POLICYHOLDER(S)

About policyholder(s)

Title Initial Surname _____

Address _____

County Postcode _____

Daytime tel number _____

Email _____

Please tick here if new address

Payment cheques can be made out to the person(s) shown on the certificate. If two people are named, but you have separate bank accounts, please enter below the name to appear on the cheque.

About your horse

Policy No. _____

Horse's full name _____

Horse's stable name _____

Do you own any other horse(s) not insured by SEIS? Yes No

Was their tack stolen/damaged as a result of the same incident?
 Yes No

SECTION B TO BE COMPLETED BY THE POLICYHOLDER(S)

Household contents insurer's details

Name _____

Address _____

County Postcode _____

Tel number _____

Policy No. _____

1 Are there any other insurances in force covering the same property?
 Yes No

2 Have you made any claim against any other policy in respect of this
Saddlery and Tack?
 Yes No

PLEASE NOTE IF YOU DO NOT HAVE ANY HOUSEHOLD INSURANCE WRITE 'NONE' - BLANKS OR 'N/A' ARE NOT ACCEPTABLE

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)

Details of missing/damaged items

1 Are you the sole owner of the items?
(if no, please give full details) Yes No

2 Please state the replacement value of all the
Saddlery and Tack you owned at the time of loss £ _____

Please describe each stolen/damaged item, giving brand name where appropriate, whether it was purchased new or second-hand and the date of purchase.
Please also state its purchase price and the replacement cost – continue on a separate piece of paper if necessary.

Item	New or second-hand	Date of purchase	Purchase price	Replacement value
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____
_____	_____	_____	£ _____	£ _____

Total amount claimed £ _____

SECTION D TO BE COMPLETED BY THE POLICYHOLDER(S)

Details of loss/damage/theft

1 Give the date and time the loss/damage/theft occurred

Date / / Time am/pm

2 Give the exact location/address of the loss/damage/theft

3 Give full details of how the loss/damage/theft occurred including the name(s) of any witnesses (in cases of theft, please advise how entry was gained etc)

4 When was the property last seen by you?

Date / / Time am/pm

5 Please explain the precautions taken to prevent the loss/damage/theft, including details of the locks on doors and windows if your claim involves theft from a building

6 In respect of Damage claims only - is the damage repairable?

Yes No

7 Please advise what steps have been taken to recover the lost items

8 When were the police informed?

Date / / Time am/pm

9 Give the name and address of the police station:

Station name
Address

County Postcode

Telephone No. (incl. STD)

Officers name and No.

Crime report number

Please ask Police Officer to place Official stamp in the box below

Official stamp

PLEASE RETAIN ANY DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE

SECTION E TO BE COMPLETED BY THE POLICYHOLDER(S)

**DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:
ONLY ORIGINAL DOCUMENTS ARE ACCEPTABLE Please tick if enclosed:**

- | | |
|---|---|
| <input type="checkbox"/> Saddler's written confirmation that each item is damaged beyond repair (stating the approximate value before damage) | <input type="checkbox"/> Crime report (if applicable) |
| <input type="checkbox"/> Two quotations for current replacement cost of exact equivalent item(s) | <input type="checkbox"/> Original purchase receipts |
| <input type="checkbox"/> Two estimates for repair (if applicable) | <input type="checkbox"/> Photographs of any damage |
| | <input type="checkbox"/> Photographs showing the damage to the place the items were stolen from |

Please circle the number of documents enclosed including this form **1 2 3 4 5 6 7 8 9 10**

SECTION F TO BE COMPLETED BY THE POLICYHOLDER(S)

HAVE YOU ATTACHED ALL NECESSARY ORIGINAL DOCUMENTS?

If the policy is in joint names both signatures are required.

I/we declare that all the above statements are true in every respect and that I/we have fulfilled the Terms and Conditions of the Policy.

Signature
X
Date / /

Signature
X
Date / /