Scottish Equestrian Insurance Services

Claim Form - Trailer and horse-drawn vehicle

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

SECTION B TO BE COMPLETED BY THE POLICYHOLDER(S)

Trailer/horse-drawn vehicle details

1 Make and model

2 Chassis/serial/identification No.

3 Year of manufacture

4 Date of purchase

5 Purchase price   £

6 Current value   £

7 Where purchased

8 Nature and extent of general usage

9 Where normally kept

10 Are you the sole owner?   ☐ Yes ☐ No
   If NO please provide full details separately

SECTION C TO BE COMPLETED BY THE POLICYHOLDER(S)

Details of Loss

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

Date   /   /   Time   am/pm

2 Give the exact location 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 Please detail the precautions taken out to prevent the loss/damage/theft

5 Please advise what steps have been taken to recover the missing trailer/horse-drawn vehicle

6 When was the trailer/horse-drawn vehicle last seen by you?

Date   /   /   Time   am/pm

7 When were the police informed?

Date   /   /   Time   am/pm

8 Give the name and address of the police station:

Station name

Address

County   Postcode

Tel number

Officers name and No.

Crime report number

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

Official stamp

SECTION D TO BE COMPLETED IN RESPECT OF **DAMAGE** CLAIMS

1 Is the damage repairable?   ☐ Yes   ☐ No

2 (a) Was any vehicle/horse involved other than the towing vehicle/horse?

    ☐ Yes   ☐ No

    (b) If YES, please advise

Name of owner

Address

County   Postcode

Daytime tel number

Details of insurer

Name of insurer

Address

County   Postcode

Policy No.

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

SECTION E TO BE COMPLETED IN RESPECT OF **HORSE-DRAWN VEHICLES** ONLY

1 Was horse-drawn vehicle fully restored when purchased/acquired?

    ☐ Yes   ☐ No

2 If No, what additional work has been carried out since and at what time/cost?

3 Is work provided for in the estimate **solely** to repair to pre-accident condition?

    ☐ Yes   ☐ No

4 What events/shows/displays (if any) have been entered and with what results?

5 Are there any further details you would like us to consider in determining the pre-accident value?

SECTION F TO BE COMPLETED BY THE POLICYHOLDER(S)

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

All claims

☐ Original purchase receipts

☐ **Two** estimates for repair (if applicable)

☐ Crime report (if applicable)

☐ Photographs of any damage

☐ Photographs of where the trailer was kept and damage done to security (locks, doors etc) if stolen

Trailers only

☐ Quotation for current replacement cost of exact equivalent item(s)

☐ Advertisements, letter from supplier etc. to support current value

☐ Repairer's written confirmation that trailer is damaged beyond repair (stating the approximate value before damage)

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

SECTION G 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   /   /