



Claims

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Kuda Holdings (Pty) Ltd is an authorised Financial Services Provider, (licence number 26/10/38382), underwritten by Infiniti Insurance Ltd.



SECTION A: PERSONAL INFORMATION

Insured Name:			
Policy Number:			
BANK ACCOUNT(S) INTO WHICH PAYMENT SHOULD BE MADE:			
Name of account holder (1):			
Bank Name:		Branch code:	
Account number:			
Account Type:			
Amount Claimed:			
Name of account holder (2):			
Bank Name:		Branch code:	
Account number:			
Account Type:			
Amount Claimed:			

SECTION B: DETAILS OF HORSE

Name of horse:			
Age:		Gender:	
Use:			
Purchase Price:			



Give the name and address of the person(s) from whom you purchased or otherwise acquired this animal. If bred, please include cost of service fee:

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SECTION C: DETAILS OF LOSS

Please indicate type of claim:

Mortality		Life Saving Surgery		Critical Care		Medical Care	
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Give the exact circumstances and cause of loss:

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When was the horse first discovered to be sick/injured?

Date:		Time:	
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When did a veterinarian first attend to the horse?

Date:		Time:	
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When did the horse die (if destroyed, please state)?

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Date:		Time:	
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When was Kuda notified of the sickness/injury?

Date:		Time:	
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VETERINARIAN DETAILS

Name:	Telephone:	
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PLEASE SUBMIT THE FOLLOWING DOCUMENTS

Type of claim	Veterinarian Report	Post - mortem	Veterinary bill
Mortality		✓	
Life Saving Surgery	✓		✓
Critical Care	✓		✓
Medical Care	✓		✓



SECTION D: HISTORY

Has the horse ever been ill while in your ownership?	Yes		No	
If yes, please give details, date and the name of the attending veterinarian:				
Had this horse undergone any surgical procedure during the term of this policy?	Yes		No	
If yes, please give details, date and the name of the attending veterinarian:				
Have any other horses owned by you died during the past 36 months?	Yes		No	
If yes, please give details, date and specify whether insured or not:				

SECTION E: OWNERSHIP

Are you the sole owner of the insured horse?	Yes		No	
If no, please give name(s) and address(es) of the other owner(s):				
Apart from the insurance to which this claim refers was there any other insurance pertaining to this horse, whether in the Insured's name or any other name, at the time of loss?	Yes		No	
If yes, please provide details, including whether or not this claim will be covered and the policy number:				
Your VAT Registration Number				



SECTION F: DECLARATION

I _____ (name) of _____ (address) hereby

claim from Underwriters subscribing to Policy Number _____ and will accept from them in full release and satisfaction of all claims under this policy in respect of the loss for the amount of

Mortality _____

Life Saving Surgery/ Critical Care/ Medical Care _____

Less, in the case of Medical Care, the amount of deductible/excess R1000.00

I DO SOLEMNLY DECLARE that the foregoing particulars are true and that the claim is a just and reasonable one and that the proper treatment and care was given to the horse. I agree that if any of the above answers or part thereof are untrue my claim for compensation shall be forfeited and the said Policy shall be null and void.

Signature:			
Name:			
Declared at:		Date:	

