



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 CLAIM

Please note that an account from your veterinarian must accompany every claim

Name of horse:			
Address where horse is stabled:			
Give the exact circumstances and cause of claim:			
When was the horse first discovered to be sick/injured?			
Date:		Time:	
When did a veterinarian first attend to the horse?:			
Date:		Time:	

SECTION C: 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 _____ (claim amount)

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 animal. 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:	

