

Important notes – Incomplete claim forms will delay your claim

- This claim form is to be completed and signed by the policy holder or authorised person
- Please include all original invoices in good quality PDF or JPEG form
- Please note a vet report is required for any surgery, major treatment or lameness
- Please use a separate claim form for each animal and each illness/injury
- Please use N/A for any sections that are not applicable
- Please email all claims documents within 60 days of treatment to claims@kuda.co.za

SECTION A: PERSONAL INFORMATION

Insured Name:	
Policy Number:	
Name of Horse:	
Age:	
Gender:	
Purchase Price:	
Use:	
Give the name and address of the person(s) from whom you purchased or otherwise acquired this horse. If bred, please include cost of service fee	

SECTION B: DETAILS OF LOSS

Please indicate type of claim:							
Mortality		Life Saving Surgery		Critical Care		Medical Care	
Give the exact circumstances and cause of loss:							
When was the horse first discovered to be sick or injured?:							



KUDA HOLDINGS (PTY) LTD
 BIG BAY OFFICE PARK, 1ST FLOOR, CORMORANT ROAD, BIG BAY 7441
 PO BOX 151, BLOUBERGSTRAND, 7441
 T 021 554 5832 COMPANY REG 2008/018404/07 VAT NUMBER 4570254054
 AUTHORISED FINANCIAL SERVICES PROVIDER FSP 38382
www.kuda.co.za

INSURER:
 CERTAIN UNDERWRITERS AT LLOYD'S
 REPRESENTATIVE ADDRESS: LLOYD'S SOUTH AFRICA (PTY) LTD,
 THE FORUM, 15TH FLOOR, SANDTON.
 POSTAL ADDRESS: PO BOX 787163, SANDTON, 2146
 TELEPHONE: 011 505 0000 FAX: 011 505 0001

Date:		Time:	
When did a veterinarian first attend to the horse?:			
Date:		Time:	
When did the horse die (if destroyed, please state):			
Date:		Time:	
When was Kuda notified of the sickness or injury?:			
Date:		Time:	
VETERINARIAN DETAILS			
Name:		Contact Number:	

SECTION C: HISTORY

Has the horse ever been ill whilst in your ownership?;	Yes:		No:	
If yes, please give details, including date and the name of the attending veterinarian:				
Has this horse undergone any surgical procedure during the lifetime of this policy:?	Yes:		No:	
If yes, please give details, including 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, including date and specify whether the horse was insured or not:				



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SECTION D: OWNERSHIP

Are you the sole owner of the insured horse:?	Yes:		No:	
If no, please give names and addresses of the other owners:				
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:				
Are you VAT Registered? If so please provide us with your VAT registration number:				

SECTION E: BANKING DETAILS

BANK ACCOUNT(S) INTO WHICH PAYMENT SHOULD BE MADE:					
Please Note: If the vet bill is already settled, your proof of payment has to be sent to us.					
Who is payment being made to:	Vet		Client		Other
Name of account holder (1):					
Bank Name:				Branch code:	
Account number:					
Account Type:					
Amount Claimed:					
Who is payment being made to:	Vet		Client		Other
Name of account holder (2):					
Bank Name:				Branch code:	
Account number:					
Account Type:					
Amount Claimed:					



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SECTION F: DECLARATION

I _____(name) 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 as stated in the table below:

CLAIMED AMOUNT	
Mortality	R
Life Saving Surgery/Critical Care/Medical Care	R
Less R1,000.00 deductible (Medical Care Only)	R - 1,000.00
TOTAL AMOUNT	R

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:	



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