

PERSONAL INFORMATION						
Insured Name:						
Policy Number:						
BANK ACCOUNT(S) INTO WHICH PAYMENT SHOULD BE MADE:						
<b>Please Note: If the vet bill is already settled, your proof of payment has to be sent to us.</b>						
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:						

DETAILS OF THE HORSE						
Name of Horse:						
Please indicate type of claim:						
Mortality		Life Saving Surgery		Critical Care		Medical Care
Reason or cause for injury, illness or death						
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:						

## 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
<b>TOTAL AMOUNT</b>	<b>R</b>

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:	