

SECTION A: PERSONAL INFORMATION

| | | | | | | |
|---|-----|--|--------|--------------|-------|--|
| Insured Name: | | | | | | |
| Policy Number: | | | | | | |
| 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: | | | | | | |



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

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) 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: | |