

## SECTION A: PERSONAL INFORMATION

Insured Name:						
Policy Number:						
<b>BANK ACCOUNT(S) INTO WHICH PAYMENT SHOULD BE MADE:</b>						
<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:						

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:			
	Mortality	Life Saving Surgery	Critical Care
Veterinarian Report		✓	✓
Veterinary Bill		✓	✓
Post Mortem	✓		



## SECTION B: DETAILS OF HORSE

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 C: DETAILS OF LOSS

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

## SECTION E: 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 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	R
<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:	

