



KUDA

SPORT HORSE CLAIM FORM

MORTALITY, LIFE SAVING SURGERY, CRITICAL CARE & CONDOLENCE CONTRIBUTION

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	<input type="checkbox"/>	Client	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name of account holder (1)						
Bank Name				Branch code		
Account number						
Account Type						
Amount Claimed						
Who is payment being made to	Vet	<input type="checkbox"/>	Client	<input type="checkbox"/>	Other	<input type="checkbox"/>
Name of account holder (2)						
Bank Name				Branch code		
Account number						
Account Type						
Amount Claimed						

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:			
	Mortality	Critical Care	Condolence Contribution
Veterinarian Report	✓	✓	✓
Veterinary Bill	✓	✓	✓
Post Mortem	✓		✓

KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 2ND 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 & CREDIT PROVIDER | FSP 38382 | NCRCP 12527 | APPROVED LLOYD'S COVERHOLDER | PIN112897CJS
DIRECTORS: W SMITH, B KANTOR, G PUNT
WWW.KUDA.CO.ZA

INSURER:

CERTAIN UNDERWRITERS AT LLOYD'S
PHYSICAL ADDRESS: LLOYD'S SOUTH AFRICA
LTD, THE FORUM, 15TH FLOOR, SANDTON.
POSTAL ADDRESS: PO BOX 787163, SANDTON,
T 011 505 0000



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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		Critical Care		Condolence Contribution	
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			

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SECTION D: HISTORY

Has the horse ever been ill whilst in your ownership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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				

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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
Critical Care	R
Condolence Contribution	R
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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