

SPORT HORSE CLAIM FORM

LIFE COVER, LIFE SAVING SURGERY, MEDICAL, LOSS OF USE & CONDOLENCE CONTRIBUTION

SECTION A: CLAIM INFORMATION

Insured Name & Surname						
Horse's Insured Name						
Date horse was discovered	d to be sick or in	jured				
Tell us what happened to your horse						
Who should receive payment?	Owner (De Account)	ebit Order		Vet		Other (Please send Confirmation of Account)

SECTION B: DECLARATION

I, the Policyholder, by my signature below, consent to Kuda Niche Pty (Ltd) processing my information for the purpose of processing this claim and providing the insurance benefit/s to me.

I accept that Kuda Niche (Pty) Ltd will only use my personal information for its intended purpose and will keep it secure and for as long as is required by law.

I hereby consent to Kuda Niche (Pty) Ltd and/or Guardrisk Insurance Company Limited:

- obtaining information essential to assessing this claim from any third party, whom I hereby authorise to give and to disclose such information; and
- disclosing information provided on this form to any third party provided that it considers such disclosure necessary in order to assess this claim; and
- where required through the operation of law, to disclose information regarding this claim to regulatory and government agencies.

Full Name/s	Declared at	
Signature	Date	

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 only
- Include all original invoices in good quality PDF or JPEG format
- Use a separate claim form for each animal and each illness/injury
- · Please note a vet report is required for any surgery, major treatment, diagnostics or lameness
- Email all claims documents within 60 days of treatment to claims@kuda.co.za

KUDA NICHE (PTY) LTD