



Policy Number : -
Insured period : From ... /... /20..... until .../.../20.....
Broker/Agent:

MARKEL EQUINE CLAIM FORM

IMPORTANT: It is in your interest to complete this form carefully to speed up the indemnity process.
Feel free to contact us for any further information

1- Name and address of INSURED:

Mr
Address
Address

I- YOUR HORSE INVOLVED IN THIS CLAIM

2- Name: Use:

Born on:/...../20.....

Sex: Breed:

Value insured: **EUR** for%

3- When the claim occurs, your horse was:

- A stallion:** location, Stud fee this year, number of mares booked.
- A broodmare:** last foaling date, last service date, name of the stallion.
- A racehorse, a competition or Western horse:** latest performances.
- A foal or young stock:** location, pedigree
- A leisure horse**

Give complete details requested above:

4- Before this claim, your horse has been:

- Sick Give full details:
- Injured Give full details:
- Operated Give full details:
- Hospitalized Give full details:
- Others : Give full details:



II- WHAT HAPPENED?

5- When and where the HORSE was first ill or injured. How did the injury occur?

6- What treatment, if any, was given prior to the arrival of the VETERINARY SURGEON?

7- Date and time VETERINARY SURGEON first contacted.

8- Date and time VETERINARY SURGEON arrived to attend the HORSE and his diagnosis.

9- i) Contact details of attending VETERINARY SURGEON.

ii) Contact details of usual VETERINARY SURGEON.

10- Who was in charge of the HORSE at the time of the illness or injury? Give contact details.

11- Give the date and time that the HORSE died or put down and if the latter on whose recommendation.

12- If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person.



III- MARKEL AND YOU

13- Date and time you first contacted your Broker/ Agent.

14- Have you had any equine insurance claims during the last three years with Markel or another Insurer?

- NO
 YES, give full details below:

Assurer	Boker/Agent	Date	Amount	Horse's name	Cause of loss

15- Was the HORSE now the subject of this claim, insured elsewhere, if so, please give details.

16- Are you the sole owner of this horse?

- YES
 NO, please give contact details of the other owners and their shares

17- Is there any mortgage lien, loan, bill of sale or any other encumbrance on said HORSE

- NO
 YES, please give details.

18- Do you get back VAT?

- NO YES

Name & signature of the INSURED

Date