



**LLOYDS EQUINE CLAIM FORM AND RELEASE**

*(for use in conjunction with form LE (UK & Overseas))*

**DISCLAIMER: Furnishing of this form is not an admission of liability.**

**INSTRUCTIONS**

**Please read fully prior to answering questions, all of which must be answered in full. Kindly obtain, without expense to Underwriters, all necessary veterinary reports to support this claim, and, if the animal has died, or been destroyed, a POST-MORTEM report.**

<b>1</b>	Name and Address of INSURED												
<b>2</b>	Certificate Number or Policy Number:												
	Period of Insurance:												
	Broker/Agent:												
<b>3</b>	Particulars of HORSE:												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 15%;">Use</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Sex</th> <th style="width: 15%;">Breed</th> <th style="width: 25%;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Use	Age	Sex	Breed	Sum Insured						
Name	Use	Age	Sex	Breed	Sum Insured								
	If purchased please state date, price & from whom:												
<b>4</b>	If HORSE home bred, state price and basis of stud fee. If mare, date and location of last servicing including name of stallion												
<b>5</b>	Give complete details of HORSE's racing (including details of any Claiming/Selling races), show, or breeding record as relevant, or other justification of value												
<b>6</b>	Date, time and place HORSE first discovered ill or injured												
<b>7</b>	What treatment, if any, was given prior to the arrival of the VETERINARY SURGEON												
<b>8</b>	Date and time VETERINARY SURGEON first advised												
<b>9</b>	Date and time VETERINARY SURGEON arrived to attend the HORSE and his diagnosis												

10	(i) Name, address and telephone number of attending VETERINARY SURGEON					
	(ii) Name, address and telephone number of usual VETERINARY SURGEON					
11	Date and time you first advised your Broker/ Agent					
12	<p>For what purpose was the HORSE being used at the time it was first found to be ill or injured?</p> <p>If the HORSE was injured, how did the injury occur?</p>					
13	In whose charge was the HORSE at the time of the illness or injury? Give name and address					
14	Give the date and time that the HORSE died or was destroyed and if the latter on whose recommendation					
15	If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person					
16	If salvage was obtained from the carcass, please enter amount and attach receipt					
17	Give details of any previous illness or injury involving this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON					
18	Give details of any previous treatment, surgery or medication administered to this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON					
19	Have you made any equine insurance claims during the last three years? YES / NO? (Delete as applicable)					
	If YES, please give details below					
	Insurer	Broker/Agent	Date	Amount	Animal Identification	Cause of Loss

<b>20</b>	Was the HORSE, now the subject of this claim, insured elsewhere? If so please give details:					
<b>21</b>	Are you the sole owner(s)? <b>YES / NO</b> (Delete as applicable)					
	If NO, please give the name and address of other owners and state their interest					
<b>22</b>	Is there any mortgage lien, loan, bill of sale or any other encumbrance on said HORSE?				<b>YES / NO</b> (Delete as applicable)	
	If YES, please give details					

**23** The INSURED hereby claims of Certain Underwriters at Lloyd's and will accept from them in full release and satisfaction of all claims under this policy the sum of: \_\_\_\_\_ It is hereby noted that all claims that may be agreed, under policy \_\_\_\_\_, are to be paid to

.....  
and such payment to be sufficient discharge to Underwriters

**24** Upon payment of the sum of ..... the INSURED assigns by way of subrogation to the Underwriters all rights which he may have against any third parties; the INSURED agrees that the Underwriters may pursue recovery against such third parties in the name of the INSURED; and will fully cooperate with the Underwriters in their pursuit of such subrogated rights in particular by the provision of information, documents and evidence, as required by the Underwriters or their representatives.

I hereby warrant the truth of the above answers and I understand that the issue of this claim form and release is not an admission of liability.

Signature of INSURED personally

Date

Name of INSURED - please print

**DATA PROTECTION ACT 1998**

I hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signed:

23/11/00  
NMA2911(Substitute)

Please return claims form to:

Amlin Plus Limited  
St Helen's  
1 Undershaft  
London  
EC3A 8ND

Tel: 0845 6050233  
Fax: 0845 6050234