



## CLAIM FORM AND RELEASE

**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 A POST-MORTEM REPORT IF THE ANIMAL HAS DIED OR BEEN DESTROYED.**

<b>Name of Insured</b>		<b>Policy or Certificate No.</b>	
<b>Address including postcode</b>			
<b>Period of insurance from</b>		<b>to</b>	<b>Broker /Agent</b>

<b>Name of Horse</b>		<b>Use</b>	
<b>Year of Birth</b>		<b>Sex</b>	
<b>Breed</b>		<b>Sum Insured</b>	

1	If the horse was purchased, please state the date, price and the seller.	
2	If the horse was home bred, please state the price and the basis of the stud fee.	
3	If the horse was a mare, please state the date and location of the last servicing, including the name of the stallion.	
4	Please give complete details of the horse's racing record (including details of any Claiming/Selling races), or its show or breeding record as relevant, or other justification of value.	
5	Please state the date, time and place that the horse was first discovered ill or injured.	
6	What treatment, if any, was given prior to the arrival of the veterinary surgeon?	
7	Please state the date and time that the veterinary surgeon was first advised of the illness or injury.	
8	Please state the date and time that the veterinary surgeon arrived to attend the horse and provide details of his diagnosis.	
9	Please provide the name, address and telephone number of the attending veterinary surgeon.	



10	Please provide the name, address and telephone number of the usual veterinary surgeon.					
11	Please state the date and time you first advised your Broker / Agent.					
12	For what purpose was the horse being used at the time it was first found to be ill or injured?					
13	If the horse was injured, how did the injury occur?					
14	In whose charge was the horse at the time of the illness or injury? Please provide their name and address.					
15	Please state the date and time that the horse died or was destroyed, and if the latter on whose recommendation.					
16	If the illness or injury was caused by the apparent negligence of any person, please give the name, address and occupation of that person.					
17	If salvage was obtained from the carcass, please enter the amount and attach the receipt.					
18	Please give details of any previous illness or injury involving the horse whilst in your possession, including the name(s) and address(es) of the attending veterinary surgeon(s).					
19	Please give details of any previous treatment, surgery or medication administered to this horse whilst in your possession, including the name(s) and address(es) of the attending veterinary surgeon(s).					
20	Have you made any equine insurance claims during the last three years? If Yes, please give details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>INSURER</b>	<b>BROKER / AGENT</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>HORSE IDENTIFICATION</b>	<b>CAUSE OF LOSS</b>



21	Was the horse, now the subject of this claim, insured elsewhere? If Yes, please give details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Are you the sole owner(s) of the horse? If No, please give the name(s) and address(es) of other owners and state their interest below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Is there any mortgage lien, loan, bill of sale or any other encumbrance on the horse? If Yes, please give details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**The Insured hereby claims of Amlin Syndicate 2001 at Lloyd's, managed by Amlin Underwriting Limited (the Underwriters), and will accept from them in full release and satisfaction of all claims under policy ....., the sum of .....**

**It is hereby noted that all claims that may be agreed under this policy are to be paid to ..... and such payment to be sufficient discharge to Underwriters.**

**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.**

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

<b>Insured's signature</b>		<b>Date</b>	
<b>Print Name</b>			

Once you have completed and signed this claim form, please send to:

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

Alternatively email to [apclaims@amlin.com](mailto:apclaims@amlin.com) or fax to **+44 (0)845 6050234**.

If you wish to speak to us please call **+44 (0)845 6050233**.