

Claim report - Horse Life

Company's notes:

Policyholder's name and address

Damage claim refers to: <input type="checkbox"/> Horse <input type="checkbox"/> Foetus/foal <input type="checkbox"/> Full compensation <input type="checkbox"/> Part compensation <input type="checkbox"/> Permission for euthanasia	Insurance policy number.
Daytime phone number/mobile number	Email
Compensation requested to <input type="checkbox"/> Plusgiro <input type="checkbox"/> Bankgiro <input type="checkbox"/> Bank account	Bank account number Liable for VAT reporting <input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the horse

Horse's name	Date of birth	Breed	Sex
Registration number or Chip number	Horse's color and markings		
Is the horse your own breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Purchase date	Purchase price in euro	
Seller			

Information about the damage

Date when the horse became ill for the first time	If a veterinarian has been engaged, provide the date and name of the veterinarian or clinic.		
Describe how the illness manifested and how it progressed			
If the horse has had similar symptoms before, please provide the date and any treatment administered			
If the claim concerns a foetus or foal, please provide the date of mating and attach the breeding certificate	Date	used stallion	
If the horse is deceased or has been euthanized, please provide the date	Date	Certificate/statement attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of a traffic accident, provide the vehicle's registration number & insurance company			Has a police investigation been conducted? <input type="checkbox"/> No <input type="checkbox"/> Yes, attached

Signature

Place and date	Policyholder
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Certificate from a impartial person

Is the claim report prepared during the visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you seen the horse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and phone number	Ev. ombudsnr.
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