

## Claim report – Veterinary Care

**Company's notes:**

Policyholder's name and address

Policyholder's Date of birth	Insurance policy number.	Damage claim refers to: <input type="checkbox"/> Horse <input type="checkbox"/> Foetus/foal
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

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

### Please specify which veterinarian(s) have treated the horse for the above-mentioned illness.

Date and name of veterinarian or clinic	Date and name of veterinarian or clinic
Date and name of veterinarian or clinic	Date and name of veterinarian or clinic
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

Documents attached  
 Supporting documents  Invoice from the clinic  \_\_\_\_\_

### Signature

Place and date	Policyholder
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