



**Having difficulty completing this form?  
Get in touch and we'll help**  
Tel: 01635 247474 (choose claim enquiries)  
Email: [ask@kbis.co.uk](mailto:ask@kbis.co.uk)

### Veterinary Fee Claim Form

This form should be completed by Policyholders who intend to submit a veterinary fee claim to KBIS.

You must take care when answering the questions on this form. KBIS' claim assessor will use the information provided within this form and attached invoices to decide whether a claim should be accepted. If you do not understand the questions or the nature of the information required, please contact KBIS. Failure to provide information or the provision of incomplete or inaccurate information may affect this claim.

There are conditions, limitations and excesses within the terms and conditions which may prevent KBIS paying for everything you claim.

### Policyholder's Details

Reference No: .....  
Title: .....  
Forename(s): .....  
Surname: .....  
Address: .....  
Mobile number: .....  
Email address: .....

### About Your Horse

Name..... Age..... Colour..... Sex.....

### Documents you will be sending to KBIS.

Please indicate below which documents have been enclosed with this form:

Original veterinary invoices

Separate veterinary reports\*

Veterinary history

Other documents (state below)

\* If you have received veterinary reports for any part of your claim they must be supplied with this form.

## Details of Claim

This section of the claim form should be completed by the policyholder or by the person who usually has the horse in their care, custody or control i.e. the loaner of the horse.

Are you the sole owner of the horse?

Yes

No

Was the horse in your care, custody or control at the time the incident occurred?

Yes

No

If NO, please provide the name, address and telephone number for the person(s) who did

For what purpose was the horse being used at the time the accident, sickness or disease was noticed?

Please describe the circumstances leading up to the time the accident, sickness or disease was noticed/happened.

Was anybody else involved?  
(Other than persons you have noted above)

Yes

No

If YES, please provide their name, address and telephone number (if known).

When did you first notice that the horse had suffered an accident or was sick?  
(Please give date and time)

Please describe the symptoms of the injury or sickness

When did you first advise your veterinary surgeon?  
(Please give date and time)

When did your veterinary surgeon first attend your horse?  
(Please give date and time)

Has your horse suffered from any medical conditions similar to those currently affecting your horse?

Yes

No

If YES, please provide full details of the condition including the date(s) your horse was affected by these problems

## Policyholder's Declaration

If you have owned your horse for longer than it has been insured, please advise why you insured it when you did

Has your horse been insured previously?

Yes

No

If YES, please provide the name of the company and policy number

Do you have any other insurance policies that provide cover for the insured horse at the present time?

Yes

No

If YES, please advise what cover is included on the policy

In your ownership, has your horse ever had a 2 or 5 stage vetting?

Yes

No

If YES, please provide a copy of the vetting if this was not supplied at the beginning of the policy.

Are you a member of any veterinary schemes?

Yes

No

Does this entitle you to discounted veterinary fees?

Yes

No

If YES, please advise the level of discount

Who would you like KBIS to send the claim settlement to?

To my Vet(s)

To me

Please fill out the sections below so that we can process any payment due by BACS. Please check the details you have submitted carefully.

Name of Account Holder (exactly as it appears on your account)

Account Number

Sort Code

### Declaration

- I declare that all the statements contained within this form are correct to the best of my knowledge.
- I understand that if I have withheld information or misrepresented the facts upon which I have based this claim that my claim may not be paid and that the Insurer may void my policy.
- I give permission for KBIS to contact my veterinary surgeon\* to obtain further information about my horse which may be relevant to my claim.  
\* This permission extends to include any veterinary surgeon who has attended my horse in the past and also includes any veterinary surgeon who may attend my horse in the future.
- I give permission for KBIS to discuss the details of my claim and if necessary the details of my policy with any veterinary surgeon who attends my horse in conjunction with this claim.

Signature

Date

## Important Information About Claims

Please be aware that your customer's insurance policy contains terms, conditions and exclusions which may have an impact on any claim they submit. You should ask the customer to confirm the Veterinary Fee limit and any exclusions shown on the Certificate of Insurance. In addition, KBIS' insurance policy defines what an 'incident' is, this definition governs how the Insurer classifies claims. Please ensure that you review this definition. Your customer can supply a copy of the Terms and Conditions or you can review them at [www.kbis.co.uk](http://www.kbis.co.uk).

## Veterinary Surgeon's Section

This section should be completed by the veterinary surgeon who has attended the horse. If the horse has been referred for a second opinion, please supply a copy of the original report.

When was the horse first registered at your practice? Please provide a copy of the horse's medical history.

When did this problem first arise?

When were you first contacted about this problem?

Symptoms of current illness or injury:

Diagnosis of current illness or injury

Details of treatment carried out and prognosis

Was alternative treatment recommended?

Yes

No

If yes, what was recommended?

Yes

No

## Veterinary Surgeon's Declaration

I confirm that to the best of my knowledge the statement(s) above are true in every respect. I confirm the fees I have charged are no more than the fees I would charge an uninsured client and agree to pass on any discounts available to the insurer.

**Signature**

**Date:**

**Position in Practice**

**Practice Stamp**