

KBIS THEFT CLAIM FORM



INSTRUCTIONS

Please read fully prior to answering questions, all of which must be answered in full.

Kindly obtain, without expense to Underwriters, all necessary reports to support this claim.

1. Name and Address of Insured

Full Name:

House Name/No:

Road:

Town:

County:

Postcode:

2. Policy Number: _____ **Period of Insurance:** 12 months from _____

3. Particulars of Animal:

Horse Name

Age:

Colour:

Sex:

Sum Insured: £

Use:

DATE OF PURCHASE _____ PURCHASE PRICE _____

From whom was the horse purchased:

4. If animal home bred, state price and basis of stud fee:

5. Give details of HORSE's Competition record, or any other factors that form the basis to justify the sum insured.

6. Please give date, time and place was first discovered missing.

Date:/...../.....

Time::.....

7. Where and when was the animal last seen?

Date:/...../.....

Time::.....

8. If the animal has been recovered, please state

Date:/...../.....

Time::.....

9. Please give us the following details of the policy station the theft of your animal was reported to:

Name:

Address:

.....

.....Postcode.....

Date Reported:/...../.....

Police Report No:

10. Please give all names & address and telephone number of all veterinary practices the loss of your animal was reported to

Please also supply Name, address and telephone number of usual veterinary surgeon:

11. Date and time you first advised Kbis Limited.

12. Have you made any equine insurance claims during the last three years YES or NO?Delete as applicable

If YES please give details below and the name of the Broker/Agent concerned.

Insurer	Broker/Agent	Date	Amount	Animal Identification	Cause of loss

13. Was the HORSE, now the subject of this claim, insured elsewhere. YES or NO? (Delete as applicable)

If yes please supply details:

14. Are you the sole owner(s) YES or NO? (Delete as applicable)

If no, please give the name and address of other owners and state their interest

15. Is there any mortgage lien, loan, bill of sale or any other encumbrance on said HORSE:
YES or NO? (Delete as applicable)

If yes, please give details:

22. The INSURED hereby claims of Underwriters and their appointed agents 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 KB.../.....to be paid via Kbis Ltd to and such payment to be sufficient discharge to Underwriters.

23. 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 co-operate 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.

24.

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

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.

Signature of Insured

Date