

# KBIS TRAILER/HORSE-DRAWN VEHICLE CLAIM FORM



Please tick appropriate section being claimed: Theft [ ] Damage [ ]

## 1. POLICYHOLDER'S DETAILS

Policyholder:  
Address:

Cert No :

Postcode

Please supply Telephone No.

## 2. TRAILER/HORSE-DRAWN VEHICLE DETAILS

Make and Model \_\_\_\_\_

Chassis/Serial/Identification No \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchase Price \_\_\_\_\_

Where Purchased \_\_\_\_\_ Sum Insured \_\_\_\_\_

Nature and extent of general usage \_\_\_\_\_

Where normally kept \_\_\_\_\_

Are you the sole owner YES [ ] NO [ ]

## 3. DETAILS OF LOSS

1. Give the date and time the loss/damage occurred \_\_\_\_\_

2. Give the exact location of the loss/damage \_\_\_\_\_

3. Give full details of how the loss/damage occurred including the names of any witnesses  
\_\_\_\_\_  
\_\_\_\_\_

4. Was the trailer locked / wheel clamped YES [ ] NO [ ]

If Yes, state type of lock and name of manufacturer \_\_\_\_\_

5. *Damage Only* : Was any vehicle involved other than the towing vehicle YES [ ] NO [ ]

If Yes, please advise:

Name of owner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurer \_\_\_\_\_

Policy No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**4. SECTION TO BE COMPLETED IN RESPECT OF DAMAGE CLAIMS**

Are the damaged items repairable? YES [ ] NO [ ]

PLEASE RETAIN DAMAGED PROPERTY, IT MAY BE REQUIRED AS SALVAGE

**5. SECTION TO BE COMPLETED IN RESPECT OF THEFT CLAIMS**

When were the police informed? \_\_\_\_\_

Give the name and address of the police station: \_\_\_\_\_

Please ask Police Officer to place Official Stamp below

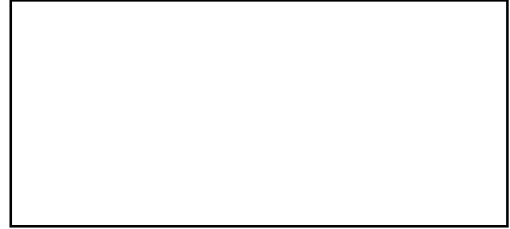
Station Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officer's name and number \_\_\_\_\_



Tel No: \_\_\_\_\_

Crime Report No: \_\_\_\_\_

**6. SECTION TO BE COMPLETED IN RESPECT OF HORSE DRAWN VEHICLES ONLY**

1. Was horse-drawn vehicle fully restored when purchased/acquired YES [ ] NO [ ]

2. If No, what additional work has been carried out since and at what time/cost?  
\_\_\_\_\_  
\_\_\_\_\_

3. Is work provided for in estimate solely to repair to pre-accident condition? YES [ ] NO [ ]

4. What events/shows/displays (if any) have been entered and with what result?  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any further details you would like us to consider in determining the pre-accident value?  
\_\_\_\_\_  
\_\_\_\_\_

**7. SECTION TO BE COMPLETED BY THE POLICYHOLDER**

Documents Required In Support Of This Claim: \_\_\_\_\_ (Please tick if enclosed)

Repairers written confirmation that trailer is damaged beyond repair (stating approx value before damage)

**ALL CLAIMS**

Original purchase receipts [ ] Two estimates for repair (if repairable) [ ] Crime Report [ ]

**TRAILERS ONLY**

Quotation for current replacement cost of exact equivalent item [ ]

Advertisements, letter from supplier etc to support value [ ]

Repairers written confirmation that trailer is damaged beyond repair (stating approx value before damage) [ ]

**8. TO BE COMPLETED BY ALL CLAIMANTS**

**I declare that all the above statements are true in every respect and that I have fulfilled the Terms and Conditions of the Policy.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return to: K.B.I.S., Cullimore House, Peasemore, Newbury, Berks, RG16 OJN