Petcover®
Horse Insurance

# How to claim in 2 easy steps

**Step 1:** Please complete the claim form on the following pages.

**Step 2:** Send the form with all necessary documentation via email to **info.de@petcovergroup.com**. To expedite your claim, we recommend sending us all documents electronically.

## How your claim will be paid

- If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).
- If you want us to pay your vet, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

## Contact us

If you have any questions about your claim
please call us on **0800 400 720**
(between 9:00 - 17:00 Mon - Fri)
or email us at **info.de@petcovergroup.com**

**Note:** We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

**Tip:** Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## Claim checklist

*Before sending in your claim form, please ensure the following:*

- ☐ You have fully completed all relevant sections on this claim form.
- ☐ You have attached the required evidence and/or fully itemised invoice(s) listed below.

*If this is your first claim, your last claim was more than 12 months ago or if in doubt, please provide:*

- ☐ The full clinical history from both current and previous veterinary practices if your claim relates to permanent loss of use or death by illness or injury.

| Item(s) Being Claimed for | Evidence and/or invoice(s) required |
|---|---|
| ☐ Permanent loss of use *(Please complete sections 1, 2 and 6)* | Full vet history, vet report, horse passport and/or purchase receipt or loan agreement. |
| ☐ Death by illness or injury *(Please complete sections 1, 3 and 6)* | Full vet history, post-mortem (if required), horse passport and/or purchase receipt or loan agreement, vet euthanasia fee receipt. |
| ☐ Disposal *(Please complete sections 1, and 6)* | Disposal fee receipts. |
| ☐ Loss by theft of straying *(Please complete sections 1, 4 and 6)* | Horse passport and/or purchase receipt or loan agreement. |
| ☐ Advertising and reward *(Please complete sections 1 and 6)* | Police report, other evidence, costs incurred receipts, reward receipt, horse passport and/or purchase receipt or loan agreement, pedigree certificate. |
| ☐ Loss of irrecoverable entry fees *(Please complete sections 1, 5 and 6)* | Event fees receipts, hospital medical certificate. |



Petcover EU Agentur GmbH | Klostertal 60 | 2770 Gutenstein | info.de@petcovergroup.com | petcovergroup.com/de

# Non-Veterinary Fees Claim Form

Petcover®
Horse Insurance

Claim received on (Petcover use only):

Please complete the claim form and forward to us with the relevant documents to **info.de@petcovergroup.com**

## Section 1. Your details

Policy no. : Your name:

Contact no. : Email:

Street: Postcode: Town:

Address when your Horse resides:

☐ *Please tick here if the above is different to the address on your certificate of insurance. Your policy records will be updated with these details.*

Horse's name: Horse's date of birth:

Is this horse insured with any other company? ☐ Yes ☐ No If Yes, name of insurer:

## Section 2. Permanent loss of use

What was the horse being used for when permanent loss of use occurred?

Was anyone else responsible for your horse when it was injured or became ill? ☐ Yes ☐ No If Yes, name/s:

## Section 3. Death by illness or injury

What was the horse being used for at time of illness or injury?

Was anyone else responsible for your horse at time of death? ☐ Yes ☐ No If Yes, name/s:

Was your horse's illness or injury resulting in death?

Was the horse euthanised due to the illness or injury? ☐ Yes ☐ No

## Section 4. Loss by theft or straying

*Your horse must have been missing for over 90 days, and you have notified police and advertised.*

**What are you claiming for** *(Please tick one or both)***:** ☐ Advertising ☐ Reward

When did you first notice your horse missing? Date: Time:

Who your horse was last seen by? Date: Time:

Where was your horse last seen?

When was your horse recovered (if applicable)? Date: Time:

Where was your horse recovered?



Petcover EU Agentur GmbH | Klostertal 60 | 2770 Gutenstein | info.de@petcovergroup.com | petcovergroup.com/de

Police station the theft of or missing horse was reported to? Date:

Where have you advertised your missing horse?

Have you paid a reward (*agreed in advance with Petcover*)? Yes No If Yes, how much did you pay? €

Payee name: Contact no. :

## Section 5. Loss of irrecoverable entry fees

**What is the cause for claiming irrecoverable entry fees?** Due to your horse's death. Due to own hospitalization.

## Section 6. Payment and declaration

### Payment

*Please choose ONE of the following:*

**Payment into bank account.** Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

**Paid to your vet**. We/I have arranged with our/my vet to have the policy benefit(s) paid directly to the veterinary practice, less the applicable excess amount and any other non-claimable items. We/I understand and agree that this payment option is only available if all parties (i.e. the veterinary practice, Petcover and the policyholder(s) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account holder's name:

IBAN:

### Declaration

We/I certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. We/I understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. We/I confirm that the account(s) submitted with this claim have been paid in full and We/I understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. We/I authorise any veterinary surgeon who has treated our/my pet to provide to the insurer any details they may require. Please note that completion of this form does not acknowledge liability or guarantee payment of the claim.

*Please tick here, if you have read and acknowledged the above declaration.* Date: