

GOODSURE EQUINE CLAIM FORM

POLICYHOLDER DETAILS

Insured Name _____
 Phone Number _____ Email address _____

CLAIM DETAILS

Name of horse _____ Policy number _____
 Type of claim Illness Yes No Date of Incident _____
 Stallion Infertility Yes No Date of first symptoms _____
 Mortality Yes No
 Life saving surgery Yes No
 Critical care Yes No
 Medical care Yes No
 Other Yes No If yes, please provide information

Description of treatment required

Is it a chronic condition which has been persistent or recurring? (Applicable to illness only) Yes No N/A
 Is any follow-up treatment required? Yes No
 Did the illness or injury result in the death of your horse? Yes No If Yes, date of death _____

VET'S DETAILS

Name and surname _____
 Name of practice _____
 Phone Number _____

BANKING DETAILS FOR SETTLEMENT OF CLAIM

Please send us proof of your banking details together with this claim form.

Bank name _____
 Account holder name _____
 Account number _____
 Branch number _____ Type of account _____

I confirm that all the information provided in this claim form is true and correct.

Signature of policyholder _____ Date _____

Please send this completed form together with the fully completed Veterinary report and all invoices to: equineclaims@goodsure.co.za