

Veterinary Fees Claim Form

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

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

Marsh Equine and Livestock

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YOUR CONTACT DETAILS

The applicant(s) (Full Name of Owner / or Owners):			
Address:			
Town/City:		Postcode:	
Policy Number:		Period of Insurance:	

ANIMAL DETAILS

Animal name:	
Age:	
Sex:	
Breed:	
Colour & Identity Markings:	
Sum Insured – Mortality:	
Veterinary Fees:	

INCIDENT DETAILS

Date, time and place animal first ill or injured:	
Date and time veterinary surgeon first advised:	
Date and time veterinary surgeon first attended:	
i. What was their initial diagnosis?	
ii. Is the treatment complete or still ongoing?	
iii. Has the animal made a complete recovery?	
Name and address of attending veterinary surgeon	
i. Telephone number:	
ii. Email (optional):	
Name and address of usual veterinary surgeon	

i. Telephone number:	
ii. Email (optional):	
For what purpose was the animal being used at the time it was first found to be ill or injured, and if the animal was injured, how did the injury occur?	
In whose charge was the animal at the time of the illness or injury? Name and address:	
If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person:	
Give details of any previous illness or injury involving this animal whilst in your possession:	
Give details of any previous treatment of medication, other than routine vaccinations, administered to this animal whilst in your possession	
Is the animal, for which you are claiming veterinary fees, insured elsewhere?	
Are you able to claim back GST?	

Privacy

Marsh Ltd (Marsh) is bound by the New Zealand Privacy Act 1993. This claim form collects personal information about you and this information is collected to evaluate your claim. The information is collected and held by Marsh and/or your Insurers and/or third parties involved in your claim. You have rights to the access of, and correction of, this information subject to the provisions of the Privacy Act 1993.

Fair Processing Notice

This Privacy Notice describes how certain underwriters at Lloyd's in respect of Syndicate 2003 (together, "we", "us" or the "Insurer") collect and use the personal information of insureds, claimants and other parties ("you") when we are providing our insurance and reinsurance services.

The information provided to the Insurer, together with medical and any other information obtained from you or from other parties about you in connection with this policy, will be used by the Insurer for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. We may be required by law to collect certain personal information about you, or as a consequence of any contractual relationship we have with you. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal information. Because we operate as part of a global business, we may transfer your personal information outside the European Economic Area for these purposes.

You have certain rights regarding your personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of your personal information in a usable electronic format and to transmit it to a third party (right to portability).

If you have questions or concerns regarding the way in which your personal information has been used, please contact:

compliance@xlcatlin.com

We are committed to working with you to obtain a fair resolution of any complaint or concern about privacy. If, however, you believe that we have not been able to assist with your complaint or concern, you have the right to make a complaint to the UK Information Commissioner's Office.

For more information about how we process your personal information, please see our full privacy notice at: <http://xlgroup.com/footer/privacy-and-cookies>.

DECLARATION

I hereby warrant the truth of the above answers and I understand that the issue of this claim form is in no way an admission of liability.

PLEASE ENSURE THAT YOU HAVE CHECKED WITH YOUR REGULAR VETERINARY SURGEON / TRAINER / PERSON RESPONSIBLE FOR DAY TO DAY CARE OF THE HORSE BEFORE SIGNING AND RETURNING THIS FORM.

SIGNED:

PRINT NAME:

DATE:

Please note that in some instances your claim maybe being dealt with or settled under an authority on behalf of the Underwriters. In that instance Marsh are acting as agent for the Underwriters.



Lloyd's is a member of the Insurance Council of New Zealand and its New Zealand Coverholders adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.

Payee Details – PLEASE COMPLETE ONE OF THE FOLLOWING

Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below. Please note that this option is not available when making a claim involving multiple veterinary clinics.

☐ **Pay Vet.**

I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items.

Name of the vet practice:

☐ **Pay Policyholder(s).**

I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.
Electronic payment into policyholder's bank account

Account name:

Account number:

Bank:

Branch: