



Bloodstock Insurance Claim Form

INSTRUCTIONS

Please fully complete this claim form and return to our office together with full Veterinary Reports / Post Mortem Reports which are a policy requirement to submit a claim. Please note that all Veterinary Reports / Post Mortems are to be obtained without expense to Underwriters. Return your completed claim form via Post, Fax or Email.

1 Name and Address of INSURED _____

Email Address _____

Contact Phone Number(s) _____

2 Policy Number: _____

Period of Insurance: _____

PARTICULARS OF HORSE FOR WHICH CLAIM BEING SUBMITTED:

Name of Horse	Sire/Dam Names	D.O.B.	Sex	Sum Insured	If purchased, state Date and Purchase Price

4 Is there any other party with a financial interest in this animal? Including but not limited to any unpaid balance of purchase price, sale finance, mortgage lien, loan, bill of sale or any other encumbrance on said HORSE: If Yes, Please supply full details

5 Are you registered for Goods and Services Tax (GST) purposes?

What is your Australian Business Number (ABN)?

What is the extent (%) to which you are entitled to claim Input Tax Credits on the GST paid on premiums?

6 Date, time and place HORSE first discovered ill or injured

Date and time you first advised Magic Millions Insurance of the injury / illness



Magic Millions Insurance Brokers Pty Ltd

ABN 12 107 459 290 / AFS Licence No. 305391

P.O. Box 1329 NORTH SYDNEY NSW 2059

Tel (02) 8913 1650 **Fax** (02) 8569 2065

Website: www.magicmillionsinsurance.com

Email: insurance@magicmillions.com.au

7 What treatment, if any, was given prior to the arrival of the VETERINARY SURGEON

8 Date and time VETERINARY SURGEON first advised

9 Date and time VETERINARY SURGEON arrived to attend the HORSE and his diagnosis

10 i) Name, address and telephone number of attending VETERINARY SURGEON

ii) Name, address and telephone number of usual VETERINARY SURGEON

11 For what purpose was the HORSE being used at the time it was first found to be ill or injured?

If the HORSE was injured how did the injury occur?

12 In whose charge was the HORSE at the time of the illness or injury? Give name and address

13 Give the date and time that the HORSE died or was destroyed and if the latter on whose recommendation

14 If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person

15 Give details of any previous illness or injury involving this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON

16 Give details of any previous treatment, surgery or medication administered to this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON

17 Have you made any equine insurance claims during the last three years?

If yes please give details below and the name of the Broker concerned

Insurer	Insurance Broker	Date	Amount	Animal Identification	Cause of loss



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18 Was the HORSE now the subject of this claim, insured elsewhere, if so please give details

19 The INSURED hereby claims of Swiss Re International SE and will accept from them in full release and satisfaction of all claims under this policy the sum insured of AUD\$_____ as stated in the policy schedule. It is hereby noted that all claims that may be agreed, under the policy numbered above will be paid to the Insured from **Magic Millions Insurance Brokers Pty Ltd** direct from Swiss Re International SE and such payment to be sufficient discharge to Underwriters.

20 Upon payment of AUD\$_____ 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 cooperate 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.

21 I/ We hereby declare that to the best of my/ our knowledge and belief the above details are true and correct in every respect and that I/ We have not withheld any information which might in any way affect the Insurer's consideration of this claim. I/ We warrant the truth of the above answers and I/ We understand that the issue of this claim form and release is not an admission of liability

Signature of INSURED personally _____ **Date** _____

Name of INSURED - please print _____

Name of SIGNATORY – please print _____

PRIVACY ACT - New privacy legislation came into effect on 12th March, 2014. The legislation regulates the way private sector organisations can collect, use, secure and disclose personal information. Magic Millions Insurance have developed a privacy policy which sets out the type of personal information we hold about you and what we do with that information. Please contact our office to obtain a copy of our Privacy Policy.

In the event that this claim is agreed settled by Underwriters, Please confirm your bank account details for an EFT Transaction for settlement and finalisation of this claim payment, thank you.

Name of Bank Account: _____

BSB Number _____ **Account Number:** _____