
**FMG / Quadrant
Claim Form
And Release**

**DISCLAIMER: Furnishing of this form is not
an admission of liability.**

INSTRUCTIONS

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 to support this claim, and, if the animal has died, or been destroyed, a POST-MORTEM report.

1.	Name and Address of INSURED Tel No: _____ Mobile No: _____ Email: _____ Fax No: _____
2.	Certificate Number or Policy Number: Period of Insurance: Broker/Agent:
3.	Particulars of HORSE: <i>Name:</i> _____ <i>Use:</i> _____ <i>Age:</i> _____ <i>Sex:</i> _____ <i>Breed:</i> _____ <i>Sum Insured:</i> \$ _____ If Purchased, state <i>Date</i> , <i>Price</i> and <i>from Whom</i> :
4.	If HORSE Home-bred, state <i>price</i> and <i>basis of stud fee</i> . If mare, <i>date</i> and <i>location of last servicing including name of stallion</i> :
5.	Give complete details of HORSE's racing, show or breeding record as relevant or other justification of value:
6.	Date, time and place HORSE first discovered ill or injured:
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.	Date and time you first advised your QIG / FMG / Agent:
12.	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?
13.	In whose charge was the HORSE at the time of the illness or injury? Give name and address:
14.	Give the date and time that the HORSE died or was destroyed and if the latter, on whose recommendations:
15.	If the illness or injury was caused by the apparent negligence of any person, give name, address and occupation of that person:
16.	If salvage was obtained from the carcass, please enter amount and attach receipt:
17.	Give details of any previous illness or injury involving this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON:
18.	Give details of any previous treatment, surgery or medications administered to this HORSE whilst in your possession, including name and address of attending VETERINARY SURGEON:
19.	Have you made any equine insurance claims during the last three years – YES or NO? (delete as applicable) If YES, please give details below and name of the Broker/Agent concerned: <i>Insured:</i> _____ <i>Broker/Agent:.</i> _____ <i>Date:</i> _____ <i>Amount:</i> _____
	<i>Name of Horse:</i> _____
	<i>Cause of Loss:</i> _____

20.	Was the HORSE now the subject of this claim, insured elsewhere? If so, please give details:
21.	Are you the sole owner(s) – YES or NO? (delete as applicable). If NO, please give the name and address of other owners and state their interest:
22.	Is there any mortgage lien, loan, bill of sale or any other encumbrance on said HORSE – YES or NO? (delete as applicable) If YES, please give details:
23.	The INSURED hereby claims off FMG and will accept from them in full release and satisfaction of all claims under this Certificate the sum of \$..... It is hereby noted that all claims that may be agreed, under Certificate and such payment to be sufficient discharge to FMG.
24.	Upon payment of the sum of \$..... the INSURED assigns by way of subrogation to FMG all rights which he may have against any third parties; the INSURED agrees that FMG may pursue recovery against such third parties in the name of the INSURED; and will fully cooperate with FMG in their pursuit of such subrogated rights in particular by the provision of information, documents and evidence, as required by the FMG or their representatives.
25.	<p>I hereby warrant the truth of the above answers and I understand that the issue of this claim form and release is not an admission of liability.</p> <p>Signature of INSURED personally Date</p> <p>Name of INSURED (please print)</p>
<p>DATA PROTECTION ACT 1998</p> <p>I hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.</p> <p>Signed:</p>	