



# KUDA BLOODSTOCK CLAIM FORM

PERSONAL INFORMATION						
Insured name						
Policy number						
BANK ACCOUNT INTO WHICH PAYMENT SHOULD BE MADE						
Please Note: Proof of payment is required if the vet bill has already been settled.						
Payment is being made to	Vet		Client		Other	
Account Holder Name (1)						
Bank name				Account number		
Account type				Branch number		
Claimed Amount						
Payment is being made to	Vet		Client		Other	
Account Holder Name (2)						
Bank name				Account number		
Account type				Branch number		
Claimed Amount						
DETAILS OF HORSE						
Name of horse:						
Please indicate type of claim						
Mortality		Life Saving Surgery		Critical Care		Medical Care
Reason or cause for injury, illness or death						
Apart from the insurance to which this claim refers was there any other insurance pertaining to this horse, whether in the Insured's name or any other name, at the time of loss?					Yes	No
If yes, please provide details, including whether or not this claim will be covered and the policy number:						
Are you VAT Registered? If so please provide us with your VAT reg. number:						

## KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 2<sup>ND</sup> FLOOR, CORMORANT ROAD, BIG BAY 7441 | PO BOX 151, BLOUBERGSTRAND, 7441 |  
T 021 554 5832 | COMPANY REG 2008/018404/07 | VAT NUMBER 4570254054 | AUTHORISED FINANCIAL  
SERVICES & CREDIT PROVIDER | FSP 38382 | NCRCP 12527 | APPROVED LLOYD'S COVERHOLDER | PIN112897C.JS  
DIRECTORS: W SMITH, B KANTOR, G PUNT  
[WWW.KUDA.CO.ZA](http://WWW.KUDA.CO.ZA)

## INSURER:

CERTAIN UNDERWRITERS AT LLOYD'S  
LLOYD'S SOUTH AFRICA (PTY) LTD,  
THE FORUM, 15<sup>TH</sup> FLOOR, SANDTON  
PO BOX 787163, SANDTON, 2146  
T 011 505 0000 F 011 505 0001



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## DECLARATION

I (name) \_\_\_\_\_ hereby claim from Underwriters subscribing to Policy Number \_\_\_\_\_ and will accept from them in full release and satisfaction of all claims under this policy in respect of the loss for the amount as stated in the table below.

### Claimed Amount

Mortality	R
Life Saving Surgery/Critical Care/Medical Care	R
Less R1,000.00 deductible (Medical Care Only)	- R 1,000
<b>TOTAL AMOUNT</b>	R

I do solemnly declare that the foregoing particulars are true and that the claim is a just and reasonable one and that the proper treatment and care was given to the animal. I agree that if any of the above answers or part thereof are untrue my claim for compensation shall be forfeited and the said Policy shall be null and void.

Name		Declared at	
Signature		Date	

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