



EQUINE - LOSS OF USE CLAIM FORM

Policyholder			
ID Number		Policy Number	
Date of Incident		Attending Vet	
Diagnosis			
Insured Horse			

DESCRIPTION OF INJURY

Please supply full details of injury that lead to Loss of Use claim, including any treatment provided, diagnosis made, x-rays provided.

DOCUMENTS REQUIRED

Veterinarian report which MUST include the following:

1. Diagnosis
2. Treatments

And answer the following questions

1. Was the injury EXTERNAL? ie. acting from the outside?	
2. Does the injury result in PERMANENT disability?	
3. Was the injury ACCIDENTAL ie. Occurred unexpectedly?	
4. Do you confirm that the horse will no longer be able to perform the required discipline?	



SUMMARY OF LOSS OF USE COVER:

In the event that the horse is unable to perform the required discipline as stated in the Schedule due to PERMANENT, ACCIDENTAL, EXTERNAL injury. We Agree to compensate the Insured up to 50% of the Insured Value less any applicable excess.

DEFINITIONS:

Permanent means lasting or intended to last or remain unchanged indefinitely

Accidental means essentially something that occurs unexpectedly, unintentionally or by chance

External means acting or coming from the outside

*** We require confirmation of the above from a licensed veterinarian.

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

ONE

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

Signature

Designation