

SPORT HORSE CLAIM FORM

Horsebox – Theft

Policyholder Details

Policyholder number _____
 Title _____ Name _____
 Surname _____
 Phone number _____ Email address _____

Details of the vehicle (must be completed)

Make _____ Model _____ Year _____
 Registration number _____ VIN number _____
 Registered owner name and surname _____
 ID/Passport number _____
 Date of purchase _____ Price paid R _____ Contact number _____
 Is the vehicle financed? YES NO
 Name of finance company _____ Account number _____

Identifying features of the vehicle (complete if the vehicle was stolen or hijacked)

Describe any identifying features, such as window markings or markings on the body of the vehicle.

Colour of the exterior _____ Colour of the interior _____

List all factory-fitted and aftermarket accessories and modifications.

Description	Value	Date of purchase (if aftermarket)
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____

- Please attach proof of purchase of all aftermarket accessories (where available).

Details of stolen accessories (complete if only accessories were stolen from the vehicle)

Description	Value	Date of purchase (if aftermarket)
	R	
	R	
	R	
	R	
	R	

- Please attach proof of purchase for an aftermarket accessory (where available).
- Theft of any accessories from inside a vehicle is only covered if there are visible signs of forcible or violent entry into the vehicle. If access was gained using remote jamming, there is no cover unless there is CCTV footage or other indisputable proof available.

Security Details (complete if the vehicle was stolen or hijacked)

Type of security (<i>not required for trailers</i>)	Immobiliser	Tracking device	Both
If the vehicle is fitted with a tracking device, complete the following:			
Make _____	Service option _____	Date installed _____	
When was the theft reported to the tracking company?	Date _____	Time _____	
Reference number received from the tracking company _____			

Details of the theft or hijacking (complete if the vehicle was stolen or hijacked)

Was the vehicle stolen or hijacked?	Stolen	Hijacked
Physical address where event took place _____		
Date of the event _____	Time of the event _____	
Name of police station where event was reported _____		
Date reported _____	Police case number _____	

Details of the person responsible for the vehicle (complete if the vehicle was stolen or hijacked)

Who was the person driving the vehicle, or responsible for the vehicle at the time of the theft or hijack?	Policyholder	Regular driver	Other
If Regular driver:			
Name and surname	Contact number		
If Other, please complete all the following fields:			
Name and surname	ID/Passport number		
Email address	Contact number		
How often does this person drive the vehicle?			
What is this person's relationship to the regular driver?			
What is this person's relationship to the policyholder?			
Was this person in possession of the vehicle with the permission of the regular driver?	YES	NO	
Was this person in possession of the vehicle with the permission of the policyholder?	YES	NO	

Description of the event (to be completed by the person responsible for the vehicle at the time of loss)

Please provide a detailed description of how the theft or hijacking happened.

Declaration by policyholder

- I confirm that all the information which I completed on this claim form is true and correct to the best of my knowledge.
- I understand that any incorrect information may lead to my claim being rejected or my policy being cancelled.
- I agree to inform Hollard immediately if the stolen vehicle or accessories are found.
- I understand and consent to the following: Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

Name of policyholder

Signature of policyholder

Date

Declaration by person responsible for the vehicle (if not the policyholder)

- I confirm that all the information which I completed on this claim form is true and correct to the best of my knowledge.
- I agree to inform Hollard immediately if the stolen vehicle or accessories are found.
- I understand and consent to the following: Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.

Name of driver

Signature of driver

Date