

SPORT HORSE CLAIM FORM
Horsebox – Accident

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.

POLICYHOLDER DETAILS

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

DETAILS OF THE VEHICLE (to be completed by the policyholder)

Make _____ Model _____ Year _____
 Registration number _____ VIN number _____
 Registered owner name and surname _____
 ID/Passport number _____ Is the vehicle financed? Yes No
 Name of finance company _____ Account number _____

DETAILS OF THE DRIVER (to be completed by the policyholder)

Who was driving the vehicle at the time of the accident? Policyholder Regular driver Other

If Regular driver:

Name and surname _____ Contact number _____

If Other, complete the following:

Name and surname _____

ID/Passport number _____ Contact number _____

Email _____

How often does this person drive the vehicle? _____

What is this person's relationship to the policyholder? _____

What is this person's relationship to the regular driver? _____

Was this person driving with the permission of the policyholder? Yes No

Was this person driving with the permission of the regular driver? Yes No

If this person owns a vehicle, do they have any motor insurance on their own vehicle? Not applicable Yes No

Name of insurer _____ Policy number _____

Please attach a copy of the driver's licence, or complete the following: Copy attached? Yes No

Driver's licence code _____ Date of first issue _____ Endorsements _____

What was the vehicle used for at the time of the accident? _____

Has the driver been involved in any previous accidents? Yes No

If Yes, provide full details. _____

Has the driver ever been convicted of any motoring offences? Yes No

If Yes, provide full details. _____

DETAILS OF ANYONE INJURED IN THE ACCIDENT (to be completed by the policyholder)

Were any passengers of the vehicle injured in the accident? Yes No

If Yes, complete the following:

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Are any of the passengers employees of the policyholder? Yes No

Are any of the passengers employees of the regular driver? Yes No

For what purpose were they being transported? _____

Were any pedestrians or occupants of another vehicle injured in the accident? Yes No

If Yes, complete the following:

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

Name and surname _____ Contact number _____

DETAILS OF OTHER VEHICLES DAMAGED IN THE ACCIDENT (to be completed by the policyholder)

Were any other vehicles damaged in the accident? Yes No

If Yes, complete the following:

Vehicle 1:

Make and model _____ Registration number _____

Owner's name and surname _____ Contact number _____

Name of insurer _____ Policy number _____

Vehicle 2:

Make and model _____ Registration number _____

Owner's name and surname _____ Contact number _____

Name of insurer _____ Policy number _____

Vehicle 3:

Make and model _____ Registration number _____

Owner's name and surname _____ Contact number _____

Name of insurer _____ Policy number _____

Vehicle 4:

Make and model _____ Registration number _____

Owner's name and surname _____ Contact number _____

Name of insurer _____ Policy number _____

DETAILS OF PROPERTY DAMAGED IN THE ACCIDENT (to be completed by the policyholder)

Was another person's property damaged in the accident? Yes No

If Yes, complete the following:

Owner's name and surname _____ Contact number _____

Owner's address _____

Describe the damage to the property. _____

DETAILS OF THE ACCIDENT (to be completed by the driver)

Date _____ Time _____ Speed at the moment of impact _____

What were the conditions like at the time of the accident?

Weather	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>
Visibility	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Road condition	Good <input type="checkbox"/>	Poor <input type="checkbox"/>

Physical address where the accident happened _____

Is the vehicle drivable? Yes No

Was the vehicle towed from the accident scene? Yes No

Describe the damage to the vehicle. _____

Did the police attend the scene of the accident? Yes No

Was the driver tested for alcohol or drugs? Yes No

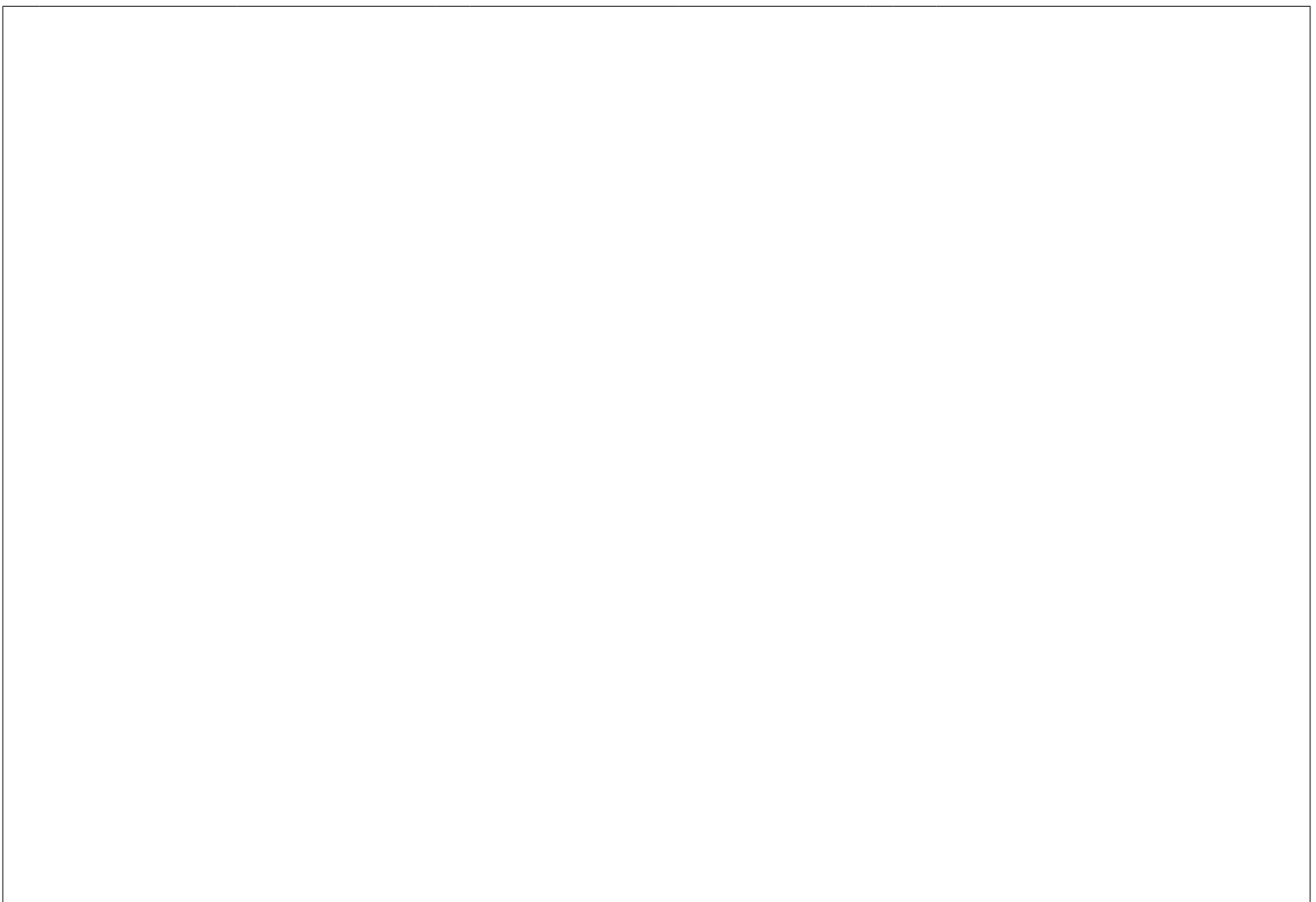
Name of police station where the accident was reported _____

Date reported _____ Police case number _____

DESCRIPTION OF HOW THE ACCIDENT HAPPENED (to be completed by the driver)

SKETCH OF ACCIDENT (to be drawn by the driver)

Name of driver



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 once I become aware of any investigation or legal action against me, such as receiving a summons from the court.

Name of policyholder

Signature of policyholder

Date

DECLARATION BY DRIVER (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 once I become aware of any investigation or legal action against me, such as receiving a summons from the court.

Name of driver

Signature of driver

Date