

VIP EQUINE CLAIM FORM

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 addı	ess				
BANKING DETAILS FOR SETTLEMENT OF CLAIM									
Please send us proof of your banking details together with this claim form.									
Bank name									
Account holder name									
Account number									
Branch number				Type of acc	ount				
CLAIRA DETAILC									
CLAIM DETAILS									
Name of horse						Policy number			
Type of claim	Accident	Yes	No			Date of accident			
	Illness	Yes	No			Date of first symptoms			
Description of treatment									
required									
Is it a chronic condition which has been persisistent or recurring? (Applicable to illness only)							Yes	No	N/A
Is any follow-up treatment							Yes	No	
Did the illness or injury res	ult in the death	of your l	norse?	Yes	No	If Yes, date of death			
VET'S DETAILS									
Name and surname									
Name of practice									
Phone number									
I confirm that all the inform	nation provided	in this cl	aim forn	n is true and c	orrect.				
Signature of policyholder						Date			

Please send completed form including copies of all invoices and vet reports to equipageclaims@hollard.co.za.