

SPORT HORSE CLAIM FORM

Mortality Cover / Loss of Use Cover / Foetus Cover / Critical Care Cover

Policyholder Details

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

Horse's Details

Name of Horse _____
 Purchase price R _____ Date of purchase _____
 Use _____
 Policy number _____

Claim Details

Indicate type of claim Mortality Claim Foetus Claim
 Loss of Use Claim Critical Care Claim

The following documentation is typically required, but we may need more.

Mortality Cover/Foetus Cover:

- Vaccination Records (if death is virus related)
- Vet Treatment Report including Identification
- Post Mortem including Identification

Critical Care Cover:

- Vaccination Records (if claim is virus related)
- Vet Treatment Report including Identification
- In-hospital treatment invoice

Loss of Use Cover:

- Detailed Vet Report confirming permanent disability including identification

Mortality/Foetus/Loss of Use/Critical Care Claim

1. Date and time horse died or was humanely euthanised (if this is a death claim).

2. Date and time horse first fell ill or was injured.

3. If the horse was injured, how did the injury occur?

4. Date and time that the vet first arrived to attend to the horse.

5. Date and time that the vet referred the horse to hospital.

6. Where was the horse standing at the time of the illness, injury or death?

7. In whose care was the horse at the time of the illness, injury or death? Please provide name and contact details.

8. What treatment, if any, was the horse given prior to the arrival of the vet?

9. Name and contact details of attending vet.

10. Name and contact details of usual vet if different from above.

11. Has the horse been routinely vaccinated? (Please provide records) YES ☐ NO ☐
12. If the illness, injury or death was caused by the negligence of a person, give name and contact details of that person.

13. Give details of any previous injuries or illness involving this horse whilst in your possession as well as any medication administered to this horse whilst in your possession:

Date	Description	Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Have you made any insurance claims relating to any horse during the last five years?

YES ☐ NO ☐

Date	Name of horse	Description	Amount paid	Insurer
_____	_____	_____	R _____	_____
_____	_____	_____	R _____	_____
_____	_____	_____	R _____	_____
_____	_____	_____	R _____	_____

15. Do you have any other insurance policies that provide cover for this horse?

YES ☐ NO ☐

If Yes, please provide policy number and insurer.

16. Does anyone else have a financial interest in this horse?

YES ☐ NO ☐

If Yes, name and contact details and attach an affidavit detailing the nature of the financial interest.

Declaration

- I confirm that all the information provided in this claim form is true and correct.
- I understand that if I have withheld information or misrepresented the facts that my claim may not be paid, and that Hollard may cancel my policy.
- I give permission to Hollard to discuss the details of my claim and, if necessary, the details of my policy with any veterinarian who attends to my horse in relation to this claim.
- 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.

Signature of Policyholder

Date

Please send the completed claim form including copies of all supporting documentation to equipageclaims@hollard.co.za.