

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 address _____

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 account _____

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 persistent or recurring? (Applicable to illness only) YES ☐ NO ☐ N/A ☐

Is any follow-up treatment required? YES ☐ NO ☐

Did the illness or injury result in the death of your horse? YES ☐ NO ☐ If Yes, date of death _____

Vet's Details

Name and surname _____
 Name of practice _____
 Phone number _____

I confirm that all the information provided in this claim form is true and correct.

Signature of policyholder _____ Date _____

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