

**SPORT HORSE CLAIM FORM**  
**Public Liability Cover**

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 \_\_\_\_\_

**HORSE'S DETAILS**

Name of Horse \_\_\_\_\_  
 Use \_\_\_\_\_  
 Policy number \_\_\_\_\_

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

Letter of Demand from the third party including quotes/expenses

**Public Liability Claim**

1. Date and time of incident.  
\_\_\_\_\_
2. Place where the incident occurred.  
\_\_\_\_\_
3. If loss was caused by another party, please provide name and contact details.  
\_\_\_\_\_
4. 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.  
\_\_\_\_\_
5. Do you have any other insurance policies that provide liability cover relating to this horse? Yes  No   
 If Yes, please provide policy number and insurer.  
\_\_\_\_\_

6. Description of the incident leading to the liability claim.

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Attach a letter of demand from the third party including quotes and expenses.

#### DECLARATION BY POLICYHOLDER

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.

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Signature of Policyholder

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Date

Please send the completed claim form including copies of all supporting documentation to [equipageclaims@hollard.co.za](mailto:equipageclaims@hollard.co.za).