

SPORT HORSE CLAIM FORM
Saddle and Tack

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 EVENT

Date of the event _____ Time of the event _____

When was the loss or damage discovered? _____

Provide the name of the place where the event happened, or the address where it happened.

Were the premises occupied at the time of the event? Yes No

If Yes, please provide details of all occupants. _____

If No, what was the last date the premises were occupied? _____

Is the premises protected by an alarm system? Yes No

If Yes, was the alarm activated at the time of the event? Yes No

Describe in detail how the loss or damage happened, including how entry was gained to the premises (if applicable).

Was the loss or damage caused by another person? Yes No

If Yes, name and surname _____

Contact number _____

Did you report the event to the police? Yes No

If Yes, name of police station _____

Date reported _____ Police case number _____

OTHER INSURANCE AND PREVIOUS CLAIMS

Have you had similar claims as this one in the past three years with another insurer? Yes No

If Yes, complete the following:

Description of claim	Date of claim	Claim amount	Name of insurer
_____	_____	R _____	_____
_____	_____	R _____	_____
_____	_____	R _____	_____

Do you have any other insurance in place that covers the same items that you are claiming for?

Yes No

If Yes, complete the following:

Name of insurer _____ Policy number _____

Total value of all the property insured under that policy R _____

Has any other party an interest in the insured property, e.g. credit agreement? Yes No

If Yes, give name and interest. _____

DESCRIPTION OF ALL PROPERTY LOST, STOLEN OR DAMAGED IN THE EVENT

Please attach a quotation for repair/replacement of the item.

Quantity	Description	Insured Value
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____
_____	_____	R _____

DECLARATION

- 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