

## 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 [equipage@hollard.co.za](mailto:equipage@hollard.co.za).