

# Animal Incident Report Form Public Liability

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER FOR COMPLETION.

Policy No:

Date ordered:



## Contacting Us



If you have any queries, please call

**03300 243 364**

### 1 Your Details (To be completed by the policyholder)

Your Name			
Address			
		Postcode	
Daytime Tel. No.		Evening Tel. No.	
Email			

### 2 Animal's Details (To be completed by the policyholder)

Name of animal			
Breed of animal			
Colour & Markings		Sex	
Height	cm	hh	Age

### 3 Injured Person's Details (To be completed by the policyholder)

Name and address of injured person			
Telephone Number			
Occupation			
Car Registration No		Postcode	
Email Address			
Relationship to injured person			

### 4 Witness Information (To be completed by the policyholder)

Name and address of witness			
Telephone Number			
Occupation			
Email Address		Postcode	

### 5 Dual Insurance (To be completed by the policyholder)

This claim may be one of dual insurance, please complete the following details fully:

Home Insurer's Name & Address			
Policy Number			
Telephone Number			
Email Address		Postcode	
Horse owner's only:			
Your BHS Membership Number			

### 6 Incident Details (To be completed by the policyholder)

Date		Time	
Location (Please state the road number if known)			
Weather conditions			
Was the incident reported to the Police?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Attending Officer			
Police Station Address			
		Postcode	
Crime reference no.			

## REQUIREMENTS

Please complete all sections

## IMPORTANT NOTES

### ■ LIABILITY

This form is issued solely for the purposes of collating information; it is not confirmation that you are indemnified for any incident(s).

### ■ REQUIREMENTS

This form should be completed by the insured policyholder or the person responsible for the insured animal at the time of the accident; not the injured person.

You must read your policy documentation with the utmost care and ensure you abide by each and every provision.

Please complete each and every section fully; leaving blanks or marking n/a is not acceptable.

Sign and date the form in the spaces provided.

The form must be returned to us at the **FREEPOST** address shown below within **21 days**. A faxed copy of the claim documentation can be sent in advance if you wish.

### ■ RESERVATION OF RIGHTS

Horse-insurance.co.uk reserves the right to appoint loss adjusters and/or any such specialists it believes appropriate to investigate this matter.

Thorpe Underwood Hall  
Ouseburn  
York, YO26 9SS

Tel: 03300 243 364

Fax: 03300 242 971

email: [plclaims@horse-insurance.co.uk](mailto:plclaims@horse-insurance.co.uk)  
web: [www.horse-insurance.co.uk](http://www.horse-insurance.co.uk)

# Animal Incident Report Form

## Public Liability

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CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

**6 Incident Details (Continued)** (To be completed by the policyholder)

<b>Unaccompanied Animals i.e. those that have strayed or bolted</b>	
Nature, type and height of fencing containing the animal.	
Length of time in that location.	
How and why do you believe your animal strayed and/or bolted from this location.	
Was any fencing found to be defective or damaged following the incident? If yes, please provide full details and photographs where appropriate.	
Has your animal ever strayed and/or bolted from this, or any other location before? If yes, please provide full details of each and every occasion.	
<b>Accompanied Animals i.e. those being ridden, driven or led immediately preceding the incident</b>	
Who was in control of your animal at the time of the incident?	
Please provide details of the handler's animal experience and qualifications.	
How often is the route used on which this incident occurred?	
Has the animal ever been involved in any public liability incident or otherwise?	
Please provide a FULL description of the incident together with a sketch plan and photographs of the incident site where appropriate, continue on a separate sheet where necessary	

**7 Declaration** (This section to be completed by the policyholder)

I hereby declare that the information provided herein is complete and true to the best of my knowledge and belief.	
<b>Policyholder's Signature</b> _____	<b>Date</b> _____