



## LIABILITY CLAIM FORM

**IT IS VITAL THAT THESE QUESTIONS ARE ANSWERED ACCURATELY AND IN FULL**

### **SECTION 1**

1. FULL NAME OF INSURED (Mr/Miss/Mrs/Ms) .....  
If a business name, please give proprietor(s) **full** name(s)
  
2. Address .....  
.....  
.....Post Code.....  
  
Daytime Tel. No: .....
  
3. Please give full details of any other Liability Insurance  
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### **SECTION 2**

1. Name and address of complainant  
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.....
  
2. Date of incident .....
  
3. Details of any injuries/damages caused (however slight)  
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.....
  
4. Have you or your employees received any complaint or claim regarding this incident or other incidents previously? YES/NO  
  
If 'YES', please give details .....  
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**SECTION 3**

1. Give full details of the animal(s) involved in this incident:

Name ..... Breed ..... Height .....

Sex ..... Age .....

2(a) Who owns it? Please give name(s) and address .....

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(b) If you own the animal, how long have you owned it? .....

(c) From whom was it purchased? .....

(d) For what reason was it purchased? .....

(e) Describe the horse's general temperament .....

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3. Does the OWNER have Liability Insurance in respect of the animal? YES/NO  
(This may be under their Householders Contents Policy or their Horse Insurance Policy)  
If 'YES', give full details

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4(a) In what activity was the animal engaged? .....

(b) For how long had the animal been engaged in this activity? .....

5(a) Was the animal accompanied or being ridden at the time of the incident? YES/NO  
If 'YES', please give name, address and daytime telephone number of person involved

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.....  
..... Age .....

(b) What experience have they of riding/accompanying the animal? .....

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(c) i ) Do they have any other Public Liability Policy? YES/NO  
ii ) Do they have a Householders Comprehensive Policy? YES/NO  
iii ) If 'YES' please give name and address of Insurer and Policy No. ....

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6. If the animal was at grass, give details of the height, type and conditions of fencing and gate security

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7. To your knowledge, has this animal been involved in any similar incidents of this nature? YES/NO

If 'YES', please give details .....

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8. Have you or the owner, received any complaints about this animal's behaviour before? YES/NO

If 'YES' please give details .....

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9. Has/had the animal been previously insured? YES/NO

10. Name and address of Insurer and policy number (if available) .....  
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**SECTION 4**

1. Time of accident .....
2. Exact location (name of road/map ref.) .....
3. Weather and road conditions .....
- 4(a) Width of road at point of impact .....
- (b) Type of road surface at point of impact .....
5. How often do you ride out on this horse? .....
6. When was the last occasion prior to the incident? .....
7. What do you think caused the animal to behave in this manner? .....  
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**SECTION 5**

1. Has this matter been reported to the police? If so, please give name and address of station  
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2. Police Report Number .....
3. Names, addresses and daytime telephone numbers of witnesses to the accident/incident:  
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.....  
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4. Where applicable please enclose a copy of the relevant entry of this incident in your accident report book and a copy of the Health & Safety Executive Form RIDDOR.

*Please Complete the form Overleaf*

**PLEASE GIVE BELOW A FULL DESCRIPTION OF THIS INCIDENT (INCLUDING PLAN)**

SIGNATURE .....

DATED .....