



# Accident report Saddle, Trailer/horse-drawn vehicle

EHSFZ-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

## 1. Policyholder

Client number..... Policy number .....

Name M/F..... Address .....

Date of birth ..... Zip code /city .....

E-mail ..... Home telephone .....

Mobile phone ..... IBAN number .....

BIC number.....

## 2. Loss

Type of loss  Saddle  Trailer/horse-drawn vehicle

Is the loss reported?  No  Yes

If yes, when and to whom? Date.....

Are you insured elsewhere against this loss?  No  Yes Insured value € .....

Company..... Policy number .....

Date of loss Date..... Time .....

Place / address of the loss.....

Are there signs of forced entry  Yes  No

Cause of the loss.....

Description of the circumstances .....

(If necessary, please enclose a sketch .....

or/ an explanation on a separate sheet) .....

Was the trailer/saddle  Leased / rented out  Participating in contest

Is the loss repairable?  Yes  No  Theft \*

Please send photo's (digital) of the loss and possibly the budget loss quoting the policy number.

\*Please send a copy of the official report.

Who carries out the repair? Name ..... Address .....

Zip code..... City.....

Phone.....

Where / when can the loss be assessed?.....

Is the loss already repaired?  Yes  No For what amount? € .....

If yes, please enclose the original repair bill

## 3. Declaration

In which agency was the declaration done?  Police  None

Please enclose declaration Station .....

Date .....

## 4. Witnesses

Who witnessed it happen? .....

(full name and address) .....

.....

.....



**5. Recover**

Is the loss caused by a third party?

Yes

No

If yes, from whom?

Name .....

Address .....

Zip code / city ..... Phone .....

Why do you think that? .....

With which company is this person insured?

Name ..... Policy number .....

Agent:  
  
Hippo Horse Insurance  
client number:

**Signature**

I, the undersigned, hereby declare that I have given full and true answers to the above questions.

Signature of policyholder

.....

Date ..... Place .....