

**British Showjumping Members Insurance Claim Form**  
**Public Liability**



Please complete where applicable and return to Neil Wyborn, Zurich UK General Insurance  
126 Hagley Road, Birmingham, B16 9PF

Telephone: 0121 697 8765

Or email to: [neil.wyborn@uk.zurich.com](mailto:neil.wyborn@uk.zurich.com)

Fax: 0121 456 4825

**PLEASE NOTE :**

**Public Liability is intended to cover injury to a third party or damage to third party property as a result of a negligent act arising out of the ownership of a horse, for which the BS member may be held at fault. This is not a policy to cover accidental damage to own property or self-inflicted injuries.**

**Section 1: Personal Details** Please complete where applicable

Member's Name	<input type="text"/>	Membership No	<input type="text"/>
Member's Address	<input type="text"/>	Membership Category	<input type="text"/>
		Expiry Date	<input type="text"/>
		Date of Birth	<input type="text"/>
Postcode	<input type="text"/>	Occupation	<input type="text"/>
Telephone No	<input type="text"/>		
Name of Affiliated Club (if applicable)	<input type="text"/>		
Is Third Party making a claim, either verbally or in writing?	Yes <input type="text"/>	No <input type="text"/>	
Type of activity at time of accident (eg Competing, Exercising etc.)	<input type="text"/>		

**Section 2:** Please complete all sections

Date of Incident	<input type="text"/>	Place	<input type="text"/>	Time	<input type="text"/>
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Circumstances (please continue on separate sheet if necessary)

Names and addresses of witnesses

Names and address of third party

Was the injured party taken to hospital from the scene of the accident?

Yes

No

Was the third party an employee of a BS member?

Yes

No

Details of injuries sustained or damage caused to the third party property:

Are you a member of any other organisation involved in keeping, riding or competing with horses?

Yes

No

If yes, please give name, address and membership number :  
(IT IS IMPORTANT THAT YOU COMPLETE BOTH THESE SECTIONS)

Please give full name, address and policy number of your HOUSEHOLD INSURERS

### Declaration

I/We hereby declare that the information given on this form is true to the best of my knowledge and belief.

Signature

Date