

# Pony Club Accident / Liability Form

Pony Club Branch No: \_\_\_\_\_

Report of:  Injury to member  Injury to third party  Injury to Horse  Property damage

## Personal Details

Name of person involved:  Membership number:  Date of Birth  /  /

Address

Contact Number:  Email:

What experience have they of riding/accompanying the animal?

Owner of Horse if different from above:

## The Activity

Venue  Time:  Date:  /  /

Name of Instructor (if appropriate):

Organised by Pony Club?  Yes  No

Description of Location (Please tick as appropriate):

Countryside  Lorry/Trailer  Stable  
 Field  Outdoor Arena  Other (please state): \_\_\_\_\_  
 Indoor School  Public Road \_\_\_\_\_

Weather Conditions (Please tick as appropriate):

Windy  Cloudy  Hail  Snowy  
 Sunny  Rainy  Icy

Activity (Please tick as appropriate):

Cross Country  Mounted Games  Racing  Pony Club Rally  
 Dressage  Polo  Show Jumping  Other (please state): \_\_\_\_\_  
 Flatwork  Polocrosse  Tetrathlon \_\_\_\_\_

Have you or your employees received any complaint or claim regarding this incident or other incidents previously?  Yes  No

If Yes, please give details:

## Other Insurance:

**Are you a member of one or more of the following** (please tick appropriate):

- |   |   |
|---|---|
| <input type="checkbox"/> The Pony Club                    | <input type="checkbox"/> British Horse Driving Trials Association |
| <input type="checkbox"/> British Horse Society            | <input type="checkbox"/> Horse Sport Ireland                      |
| <input type="checkbox"/> British Show Jumping Association | <input type="checkbox"/> Irish Pony Club                          |
| <input type="checkbox"/> Other, give details _____        |   |

**Membership / Policy Number:**

**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, please give details:

**Do you or your parents (if you reside with them), have any other Public Liability Policy/Household Contents Insurance Policy?**

Yes    No

If Yes, please give details:

Name:     Policy No:

Address:

## The Horse

Name of Horse:

Age of Horse:

Breed of Horse:

**Was the Horse** (Please tick as appropriate):

Loose     On Lead Rein     Ridden     Tethered/Tied Up

**Did Horse Fall:**     Yes    No

**Was the Horse Injured:**     Yes    No

**Was a vet called?**     Yes    No

**Killed/Destroyed:**     Yes    No

To your knowledge has this animal been involved in any similar incidents of this nature

Yes    No

If Yes, please give details:

## Incident Details

Was a body protector worn:  Yes  No

Was chin strap fastened:  Yes  No

Was hat kite marked/tagged:  Yes  No

Did Rider complete lesson event:  Yes  No

Was Treatment Given: (Please tick as appropriate):

A&E

First Aid

Paramedics

Doctor

### Details of Injury

**Description of Accident / Incident** (please describe in full, including third party details and damage to any property, please attached a diagram if appropriate)

Was the incident due to equipment failure/malfunction?  Yes  No

(If Yes, please provide further details:)

Has this matter been reported to the police?  Yes  No

If so, please give name and address of the station:

Police report number:

**Witnesses to the accident/incident** (If more than one witness continue on a separate sheet)

Name:  Telephone No:

Address:

## Form Completed by:

Print Name:

District Commissioner Details:

Telephone Number:

Email:

Please complete and return this form to:

Howden UK Group Ltd  
Woodlands, Manton Lane, Bedford MK41 7LW

**Where applicable please enclose a copy of this incident in your accident report book and a copy of the Health and Safety Executive Form RIDDOR.**

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