



Irish Pony Club Guidance Notes for Notification of Claims and Accidents

Falls and minor incidents should be logged in accordance with IPC procedure

- Any serious accident must be advised to Howden UK Group as soon as possible (**within 24 hours or if the accident occurs at a weekend, by the next working day**)

Serious accident is defined as:

- **Injuries which are HSA reportable**
- **Injuries which result in the injured party going to Accident and Emergency**
- **Injuries involving broken bones or concussion**
- **Injuries where the injured party threatens to make a claim or if the insured suspects that the injured party may make a claim.**
- Notification may be made by email or phone call to the Howden claims team.
- Once the accident has been notified, please complete the IPC accident form and forward this to the claims team by post or email within 7 days. Please copy all correspondence to jane@irishponyclub.ie
- If you are unsure if an accident should be reported, please call the claims team who will be able to provide advice.
- On receipt of a notification, Howden will notify insurers. Insurers will then decide what action to take. If they require further investigation of the accident they may instruct a Claims Adjuster, to contact you for further details.

In the event of an accident:

- **Do not** admit liability where injury to others or damage to their property is caused.
- **Do not** enter in to any correspondence with the claimant or his representative other than to acknowledge the correspondence (see below).
- **Do** take contact details and statements from any witnesses to the accident and if possible take photos of the site of the accident and any damage caused.
- **Do** ensure that risk assessments are always undertaken in accordance with IPC guidelines and that these are saved and are available if requested by a Claims Adjuster.
- **Do** acknowledge any correspondence from a third party and/or their representative. Acknowledge receipt only, admitting no liability. In the acknowledgment, please advise that your insurer is Lloyd's Syndicate DTW1991 and that their correspondence has been sent to them via your insurance broker, Howden UK Group.
- **Do** complete the accident report form as fully as possible and provide as much information as you are able to.
- **Do** co-operate fully with any claims investigation and provide any requested information as quickly as possible.
- **Do** contact Howden UK Group if you have any queries.

For claims enquiries please contact:

Ben Evans

Woodlands, Manton Lane,
Bedford, MK41 7LW

T: +44 (0)1234 408 610

E: ben.evans@howdengroup.com



Pony Club Accident 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
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Parent / Guardian Contact Number:	Relationship to person involved:	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Parent / Guardian Contact Number:	Email:	
<input type="text"/>	<input type="text"/>	
What experience have they of riding/accompanying the animal?	<input type="text"/>	
Owner of Horse if different from above:	<input type="text"/>	

The Activity

Venue	Time:	Date:	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Instructor (if appropriate):			
<input type="text"/>			
Organised by Pony Club? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Location (Please tick as appropriate):			
<input type="checkbox"/> Countryside	<input type="checkbox"/> Lorry/Trailer	<input type="checkbox"/> Stable	
<input type="checkbox"/> Field	<input type="checkbox"/> Outdoor Arena	<input type="checkbox"/> Other (please state):	
<input type="checkbox"/> Indoor School	<input type="checkbox"/> Public Road	_____	
Weather Conditions (Please tick as appropriate):			
<input type="checkbox"/> Windy	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Hail	<input type="checkbox"/> Snowy
<input type="checkbox"/> Sunny	<input type="checkbox"/> Rainy	<input type="checkbox"/> Icy	
Activity (Please tick as appropriate):			
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Mounted Games	<input type="checkbox"/> Racing	<input type="checkbox"/> Pony Club Rally
<input type="checkbox"/> Dressage	<input type="checkbox"/> Polo	<input type="checkbox"/> Show Jumping	<input type="checkbox"/> Other (please state):
<input type="checkbox"/> Flatwork	<input type="checkbox"/> Polocrosse	<input type="checkbox"/> Tetrathlon	_____
Have you or your employees received any complaint or claim regarding this incident or other incidents previously?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:			
<input type="text"/>			

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)

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 copies of this form to **both** Howden and the IPC Office:

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

Irish Pony Club
Main Street, Urlingford,
Via Thurles, Co Kilkenny E41X4H5
Republic of Ireland

**Where applicable
please enclose a copy
of this incident in your
accident report book**

// Part of the Hyperion Insurance Group