Petplan®
the pet people

For Petplan use only

WEB

Claim Form for Death

PLEASE COMPLETE A SEPARATE FORM FOR EACH PET
N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help!
If you have any questions call us on
0845 074 4406

1. Policyholder to complete — POLICY NUMBER

2. Policyholder to complete — ABOUT YOU

Policyholder's name

Daytime telephone no

Email address

Policyholder's address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance ☐

3. Policyholder to complete — ABOUT YOUR PET

Pet's name

Pedigree name

Is your pet a Dog ☐ Cat ☐ Rabbit ☐

Breed

Pet's date of birth / / Male ☐ Female ☐

Which policy plan do you have?

Is your pet insured with any other company? Yes ☐ No ☐

If Yes, please state which company

Where did you purchase your pet?

Date of purchase / /

Seller's name Mr/Mrs/Ms Initial

Address

Postcode

Amount claimed £ -

Original purchase price £ -

4. Policyholder to complete — DEATH FROM ILLNESS

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with your veterinary practice / /

Date of death / /

Cause of death

5. Policyholder to complete — DEATH FROM INJURY CAUSED BY AN ACCIDENT

Date of injury / /

Date of death / /

Cause of death

Full circumstances of the accident, please continue on a separate sheet if necessary

6. Policyholder to complete — DOCUMENTATION

Documents required in support of a claim.
If you are unable to send all documents please offer an explanation on a separate sheet of paper (please ensure all supporting documentation is submitted to avoid the claim being delayed). Photocopies are acceptable for A & B. However, if required we will ask for original documents to be sent in.

Please tick relevant box to indicate document attached

A. Proof of purchase (such as a receipt) ☐

B. Pedigree certificate and Kennel Club registration ☐

C. Certificate signed by the vet stating the date and cause of death (not required if supported by a claim for veterinary fees) ☐

D. Only for death from injury: If you are unable to provide a death certificate from your vet please provide a statement supporting your claim from someone (not a family member) confirming date and cause of death ☐

7. Policyholder to complete — PAYEE DETAILS

Cheques will be automatically made payable to the policyholder(s) named on your Certificate of Insurance.

PLEASE COMPLETE ONE OF THE FOLLOWING

☐ **A. Pay Policyholder(s)** - please tick

I / We wish the claim to be paid to the policyholder(s) named on the Certificate of Insurance.

Please sign here ✗

☐ **B. Pay one Policyholder (Joint policy only)** - please tick

We wish one policyholder to be paid only

Policyholder to be paid

Both policyholders must sign ✗

✗

The completed form should be returned to Pet Plan Ltd, PO Box 135, Brentford, Middlesex TW8 9RJ.

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Allianz Insurance plc underwrites the policy and Pet Plan Ltd administers the policy.