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

Pet's Microchip no.

Pedigree name

Is your pet a Dog ☐ Cat ☐ Rabbit ☐

Breed

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

Which policy plan do you have?

(please check your policy details to ensure you are covered for Death)

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 ✗ Date / /

Print name

☐ **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

✗ Date / /

Print name

✗ Date / /

Print name

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief ☐

The completed form should be returned to Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX

Petplan is a trading name of Pet Plan Limited (Registered in England No. 1282939) and Allianz Insurance plc (Registered in England No. 84638) both of which are authorised and regulated by the Financial Services Authority (FSA). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Petplan's trading address is: Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.