Petplan® the pet people

For Petplan use only

WEB

Claim Form Holiday Cancellation

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

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1. Policyholder to complete — POLICY NUMBER

2. Policyholder to complete — ABOUT YOU

Policyholder's name

Daytime telephone no

Email address

What was the reason for your trip? Business ☐ Holiday ☐

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 ☐

Breed

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

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

If Yes, please state which company

4. Policyholder to complete — ABOUT YOUR HOLIDAY

Holiday dates from / / to / /

Date booked

Destination

Reason for cancellation

Documents required to support claim. Tick if attached, if not attached please explain why on a separate piece of paper.

Booking invoice ☐ Cancellation invoice ☐ Receipts ☐

Travel and accommodation expenses claimed

A.

Amount claimed £ -

B.

Amount claimed £ -

C.

Amount claimed £ -

Total amount claimed in words

Total amount claimed in figures £ -

5. 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 ☐

6. Vet to complete — DETAILS OF SURGERY

Condition

Date of onset / /

Surgery carried out

Date of surgery / /

Signature ✗ Date / /

Date client was advised surgery required / /

Was it emergency life-saving treatment? Yes ☐ No ☐

Practice stamp (if applicable)

To ensure this claim is dealt with quickly please note your Petplan Practice number here.

Petplan Practice no

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

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