

## Claim Form for Loss by Theft or Straying, Advertising and Reward

**PLEASE COMPLETE A SEPARATE FORM FOR EACH ANIMAL**  
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!** 0845 072 8899 Horse  
If you have any questions call us on 0845 071 8000 Small animal

### 1. Policyholder to complete POLICY NUMBER

\_\_\_\_\_

### 2. Policyholder to complete ABOUT YOU

Policyholder name \_\_\_\_\_

Daytime telephone no \_\_\_\_\_

Email address \_\_\_\_\_

Policyholder address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

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

**A. When did you first notice the animal was missing?**  
(A claim cannot be submitted in respect of a small animal until 30 days have elapsed, loss of a horse requires immediate notification)

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

**B. Where and when was the animal last seen?**

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

**C. If the animal has been recovered, please state**

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

### 3. Policyholder to complete ABOUT YOUR ANIMAL

Your animal's pet/stable name \_\_\_\_\_

Pedigree name \_\_\_\_\_

Animal's date of birth / /

Dog  Cat  Rabbit  Male  Female

Horse  S  G  M

Breed \_\_\_\_\_

Which policy plan do you have? \_\_\_\_\_

Is your animal insured with any other company? Yes  No

If Yes, please state which company \_\_\_\_\_

Where did you purchase your animal? \_\_\_\_\_

Date of purchase / /

Original purchase price: £ -

Value immediately prior to the loss (for horse/animal covered by a Show Breeder policy)

£ -

**A. Please advise circumstances of loss (continue overleaf if necessary)**

\_\_\_\_\_

**B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no (incl. STD) \_\_\_\_\_

Date reported / /

Police report no \_\_\_\_\_

**C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no (incl. STD) \_\_\_\_\_

Date reported / /

### 4. Policyholder to complete ADVERTISING AND REWARD

**A. Are you claiming for advertising?** Yes  No

If Yes, please give full details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state amount £ -

**B. Have you paid a reward?** Yes  No

Was the reward agreed in advance with Petplan? Yes  No

Please state amount £ -

Please attach written confirmation from the person who received the reward.

