

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 _____

Pet's Microchip no. _____

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.

5. Policyholder to complete DOCUMENTATION

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:
IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS Please tick if enclosed

DOGS AND CATS ONLY

Purchase receipt Pedigree certificate

Kennel Club/G.C.C.F registration

HORSES AND PONIES ONLY

Freezemark/branding documentation/passport

If unable to send any of these documents please offer explanation on a separate sheet of paper. Please circle the number of documents enclosed including this form **1 2 3 4 5 6 7 8**

FOR DOGS/CATS/HORSES

Any other relevant documents Written confirmation of loss by the police (for dog or horse) or by a vet (for cat). If written confirmation cannot be provided an official police/vet stamp and other information requested will be required in **SECTION 7** below

Receipts to support advertising expenses (If applicable)

Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)

N.B. In cases where a missing animal is recovered subsequent to payment of a claim the claimant agrees to reimburse Petplan the full amount received in respect of their claim.

6. 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 **X** _____ Date / /

Print name _____

Are you happy for Pet Plan Limited to provide the veterinary practice identified on this form with information about your policy in respect to this claim? Yes No

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 **X** _____ Date / /

Print name _____

X _____ 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

7. Reporting officer/vet to complete DECLARATION

Please ensure this section is completed and stamped

Date reported / /

Police registration no (if applicable) _____

I confirm that the loss of the above animal has been reported

Signature of reporting officer or vet **X** _____ Date / /

Practice stamp (if applicable) _____

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

Petplan Practice no _____

Circumstances of loss (continued)

Police/vet practices contacted (continued)

Please continue on a separate sheet if necessary

The completed form should be returned to: Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.
 Equine Customer Service: 0845 072 8899 Equine Claims Fax: 01483 529191 Small Animal Customer Service: 0845 071 8000 Small Animal Claims Fax: 01483 529 190