

6. Policyholder to complete

VET FEES/EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes No

If yes when / /

Name of veterinary practice that treated your pet

Address

Horizontal lines for address input.

Postcode

Telephone number

What diagnosis did the vet make?

Horizontal lines for diagnosis input.

What treatment did the vet recommend?

Horizontal lines for treatment recommendation input.

Give details of the treatment received

Horizontal lines for treatment received input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

Multiple horizontal lines for text input.

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice

FOR YOUR VET TO FILL IN

Illness or injury

Horizontal lines for illness or injury input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Horizontal lines for travel prevention input.

What date was your client advised the pet could not travel? / /

Signature

X

Date / /

Practice stamp

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION CONT.

If you had to cut short your trip, why couldn't the pet travel home at the scheduled journey time?

Give details of travel expenses unused

Amount claimed _____

Currency _____

Give details of accommodation expenses unused

Amount claimed _____

Currency _____

Give details of additional travel expenses incurred

Amount claimed _____

Currency _____

Give details of additional accommodation expenses incurred

from / / to / /

Amount claimed _____

Currency _____

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the animal was missing?

Date / /

Time _____

Place _____

Where and when was the animal last seen?

Date / /

Time _____

Place _____

If the animal was recovered please state

Date / /

Time _____

Place _____

Please advise circumstances of loss

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode _____

Did you make enquiries or advertise for information? Yes [] No []

If yes, please give full details and attach receipts

Amount _____

Currency _____

Did you pay a reward? Yes [] No []

Amount _____

Currency _____

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

Please give details of the type of microchip carried by your pet

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

Give details of the costs of quarantine

Amount claimed

Which documents did you lose to prevent your scheduled return home?

Please give details of the police/vet/carrier to whom the loss was reported

Name

Address

Postcode

Date reported / /

When were they lost / /

What did you have to do to get duplicate documents

Give details of costs in obtaining replacement documents

Amount

Currency

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Give details of travel expenses

Amount claimed

Currency

Give details of accommodation expenses

from / / to / /

Amount claimed

Currency

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / /

Time of incident

Location

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead?

Yes

No

Describe your pet's usual nature

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Has your pet behaved or reacted this way before? Yes No

If yes, please give details

Multiple horizontal lines for providing details if the pet has behaved or reacted this way before.

Who was in charge of your pet at the time of the incident?

Horizontal line for providing the name of the person in charge.

Address

Two horizontal lines for providing the address.

Postcode

Age

Relationship to you

Fight injuries: Name of other animal's owner

Horizontal line for providing the name of the other animal's owner.

Address

Two horizontal lines for providing the address.

Postcode

Other animal's name

Breed

Age

Was other animal on a lead? Yes No

How does your pet normally react to this sort of animal?

Multiple horizontal lines for describing the pet's normal reaction to the other animal.

Witnesses: Please give the names, addresses and occupations of any witnesses

Witness 1 name

Address

Two horizontal lines for providing the address of witness 1.

Postcode

Occupation

Witness 2 name

Address

Two horizontal lines for providing the address of witness 2.

Postcode

Occupation

Personal injuries: Name and address of injured person

Name

Address

Two horizontal lines for providing the address of the injured person.

Postcode

Occupation

Employers name and address (if known)

Name

Address

Two horizontal lines for providing the address of the employer.

Postcode

Describe the nature and extent of injuries

Multiple horizontal lines for describing the nature and extent of injuries.

Did a doctor, paramedic or first aider treat the injured person at the scene of the incident?

Yes No

If taken to hospital, state the name and address of the hospital

Name

Address

Two horizontal lines for providing the name and address of the hospital.

Postcode

How much contact had the injured person had with your pet prior to the incident?

Multiple horizontal lines for describing the contact between the injured person and the pet.

Motor vehicle damage: Name and address of owner

Name

Address

Two horizontal lines for providing the address of the motor vehicle owner.

Postcode

11. Policyholder to complete**THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.**

Make of vehicle _____

Model _____

Registration _____

Drivers name _____

Address _____

Postcode _____

Name of insurance company of damaged vehicle _____

Address _____

Postcode _____

Describe the damage to the vehicle _____

What were the road/weather conditions at the time of the incident? _____

How good was visibility? _____

How wide was this stretch of road? _____

What speed limit applies to the road where the incident happened? _____

Property damage: Name and address of property owner

Name _____

Address _____

Postcode _____

What is the age of the damaged property? _____

What is the value of the damaged property? _____

Please describe the property and the damage to it _____

Police details:Were the police involved or have they been told about the incident? Yes No

Police Station name _____

Police Station address _____

Postcode _____

Police officer's number _____

Police reference _____

Have you received any claim in writing about this incident? Yes No If yes, please attach all documents. **YOU MUST NOT ANSWER ANY OF THESE**

Please give details of all your previous third party liability claims _____

Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs**CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.****12. Policyholder to complete****DECLARATION**

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

Please sign here 

Date / /

Print name _____

Please state the number of documents enclosed including this form.