

## Claim Form for Holiday Cancellation



### 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 the claim form fully, using a black pen and block capitals.

**We're happy to help!**

If you need any help completing this form, please visit [petplan.co.uk/my-petplan/howtoclaim.asp](http://petplan.co.uk/my-petplan/howtoclaim.asp)

1. Policyholder to complete	POLICY NUMBER	Reference letters <u>not</u> required								
2. Policyholder to complete	ABOUT YOU	Policyholder's address								
Policyholder's surname										
First name										
Contact no.									Postcode	
Email address		(Required for electronic payments)								
<p><b>Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.</b> <input type="checkbox"/></p>										
3. Policyholder to complete	ABOUT YOUR PET	Pet's Microchip no.								
Pet's name		Pet's date of birth		/ /		Male <input type="checkbox"/>		Female <input type="checkbox"/>		
Pedigree name		Date you first owned your pet		/ /						
Is your pet a		Dog <input type="checkbox"/>		Cat <input type="checkbox"/>		Rabbit <input type="checkbox"/>				
Breed		Is your pet insured with any other company? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If crossbreed, please state dominant breed (dogs only)		If Yes, please state which company								
4. Policyholder to complete	ABOUT YOUR HOLIDAY	Travel and accommodation expenses claimed								
Holiday dates from / / to / /		A.		Amount claimed		£		-		
Date booked		B.		Amount claimed		£		-		
Destination		C.		Amount claimed		£		-		
Date of cancellation / /		Total amount claimed in figures		£		-				
Reason for cancellation		Is your holiday insured with any other company?		Yes <input type="checkbox"/>		No <input type="checkbox"/>				
<p><b>Documents required to support claim</b></p> Booking invoice <input type="checkbox"/> Cancellation invoice <input type="checkbox"/> Receipts <input type="checkbox"/>		If Yes, please supply details of other insurer								
<b>Your claim will be delayed if you do not supply all of this information</b>										
5. Policyholder to complete	PAYEE DETAILS	Please sign here								
<p><b>Direct Debit customers</b></p> Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.										
		Print name								
		Date		/		/				
		By signing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.								
6. Veterinary practice to complete	DETAILS OF ILLNESS/INJURY	Date client was advised of treatment required		/		/				
Condition		Was it emergency life-saving treatment?		Yes <input type="checkbox"/>		No <input type="checkbox"/>				
Date of onset / /		Practice stamp								
Treatment carried out										
Date of treatment / /		To ensure this claim is dealt with quickly please note your Petplan Practice number here								
Signature 		Petplan Practice no.								
Date / /										

**Important note** - Please send completed claim forms including copies of all receipts and vet histories to: **Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX.**