

## Claim Form for Death

### 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 not required

2. Policyholder to complete

ABOUT YOU

Policyholder's address

Policyholder's surname

First name

Telephone no.

Mobile no.

Email address

(Required for electronic payments)

Postcode

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

3. Policyholder to complete

ABOUT YOUR PET

Pet's name

Pet's microchip number

Pedigree name

Is your pet a Dog  Cat  Rabbit

Breed

Pet's date of birth / / Male  Female

Is your pet insured with any other company? Yes  No

If Yes, please state which company

Where did you purchase your pet?

Date of purchase / /

Seller's name Mr/Mrs/Ms Initial

Address

Postcode

Seller's telephone no.

Seller's email address

Amount claimed £ Original purchase price £

Will you be seeking a refund of the purchase price from the seller of your pet? Yes  No

4. Policyholder to complete

DEATH FROM ILLNESS/INJURY

Please tell us the date you noticed any signs your pet was unwell / /

Name of vet practice

Address of vet practice

Postcode

Date of death / /

Cause of death/circumstance of injury

5. Policyholder to complete

DOCUMENTATION

#### Documents required in support of a claim

If you are unable to send all documents please offer an explanation on a separate sheet of paper. Please ensure all documentation is submitted to avoid the claim being delayed. Photocopies are acceptable for A & B, however if required we will ask for original documents to be sent in.

If you send no formal proof of how much you paid for your pet, we will consider the purchase price or market value, whichever is less.

#### Please tick relevant box to indicate document attached

A. Proof of purchase (such as a receipt)

B. Pedigree certificate and Kennel Club registration

C. Certificate signed by the vet stating the date and cause of death (not required if supported by a claim for veterinary fees)

6. Policyholder to complete

PAYEE DETAILS

#### Direct Debit customers

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.

By signing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.

Please sign here

X

Print name

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.**