

Claim Form for Pet Travel Insurance

IMPORTANT NOTES

- Pet Plan Limited administers the policy on behalf of Allianz Insurance plc which underwrites the policy
- Please use a separate claim form for each pet
- To speed up the processing of your claim, please send completed claim forms, including copies of all receipts and vet histories, to: claims@petplan.co.uk
- Alternatively, you can send completed claim forms, including copies of all receipts and vet histories, to: Petplan, PO Box 223, Huddersfield, HD8 1FR.

We're happy to help!

If you need any help completing this form, please visit petplan.co.uk/my-petplan/howtoclaim.asp

Please complete the form and ensure it is saved before you send it. Missing information will delay your claim.

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO YOU

1. Policyholder to complete

POLICY NUMBER

Reference letters not required

2. Policyholder to complete

ABOUT YOUR CLAIM

Under which section(s) are you claiming	Petplan policy	Pet Travel policy
Vet fees	<input type="checkbox"/>	N/A
Emergency vet fees	included in Vets fees <input type="checkbox"/>	<input type="checkbox"/>
Emergency repatriation	<input type="checkbox"/>	<input type="checkbox"/>
Holiday cancellation	<input type="checkbox"/>	<input type="checkbox"/>
Advertising and reward	<input type="checkbox"/>	<input type="checkbox"/>
Quarantine or loss of documents	<input type="checkbox"/>	<input type="checkbox"/>
Third party	N/A	<input type="checkbox"/>

Complete sections	1 3 4 5 6 9 & 13
Complete sections	1 3 4 5 6 9 & 13
Complete sections	1 3 4 5 7 9 12 & 13
Complete sections	1 3 4 5 8 9 & 13
Complete sections	1 3 4 5 10 12 & 13
Complete sections	1 3 4 5 11 12 & 13
Complete sections	1 3 4 5 13 & 14

3. Policyholder to complete

ABOUT YOU

Policyholder's surname _____

Policyholder's first name _____

Contact no. _____

Email address _____
(Required for electronic payments)

Policyholder's address _____

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.

Details of any other travel insurance

Policy number _____

Company name _____

Address _____

Postcode _____

Telephone no. _____

4. Policyholder to complete

ABOUT YOUR PET

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat

Breed _____

If crossbreed, please state dominant breed *(dogs only)* _____

Pet's date of birth / / Male Female

PETS certificate number _____

Pet's microchip no. _____

Name of UK veterinary surgery where your pet is registered _____

Address _____

Postcode _____

Telephone no. _____

5. Policyholder to complete

ABOUT YOUR JOURNEY

Dates of travel from / / to / /

Countries visited _____

Please attach copy of booking invoice or other relevant documents

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?

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

If yes, when / /

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number

What diagnosis did the vet make?

What treatment did the vet recommend?

Give details of the treatment received

Total amount claimed

Currency

Please attach copies of all receipts and medical records

7. Policyholder to complete

EMERGENCY REPATRIATION FOR ILLNESS/INJURY OR DEATH OF YOUR PET

When did you first notice that your pet was unwell? / /

Why was your pet unable to travel?

What condition was diagnosed?

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

If your pet died, please give this date / /

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

Currency

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION

When did you first notice that your pet was unwell? / /

Why was your pet unable to travel?

What condition was diagnosed?

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

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

What date did you return home? / /

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. FOR YOUR VET TO FILL IN FOR SECTIONS 6, 7 AND 8

Illness or injury

How has the injury or illness prevented the pet from travelling (if applicable)?

What date was your client advised the pet could not travel (if applicable)?

Vet name

Date

Date first clinical signs were noticed

10. 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

Date reported to police/vet/carrier / /

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

Documents required: Missing poster Receipts Adverts

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.

11. Policyholder to complete QUARANTINE AND LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

Pet ill or injured Microchip failure Loss of travel documents

If because of illness, when did you notice the onset of the condition? / /

What was the diagnosis of the condition?

If because of a microchip failure, please state the type of microchip carried by your pet:

Type

Brand

Please provide proof that the microchip failed

11. Policyholder to complete

QUARANTINE AND LOSS OF DOCUMENTATION CONT.

If because of loss of travel documents,
please state the date the documents were discovered missing

Date / /

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

Where were the documents kept?

To whom did you report the loss of documents?

Name

Address

Postcode

Date reported / /

What did you have to do to get duplicate documents?

Cost of duplicate documents

**Please provide a report from the police or operator
of the ship/aircraft/train or coach**

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

from / / to / /

Cost of quarantine

12. Policyholder to complete

EXTRA/UNUSED TRAVEL OR ACCOMMODATION COSTS INCURRED

Scheduled date due home / /

Date returned home / /

Scheduled method of return

How did you return home?

Please state any extra expenses:

Currency

Travel £

Accommodation from / / to / /

Cost to get your pet home £

If your pet passed away, please state extra costs
to get your pet's body home or disposal costs £

Please state any unused expenses (Pet Value policies only):

Currency

Travel £

Accommodation from / / to / /

**Please attach your booking invoice, cancellation
invoice, travel receipts, accommodation receipt**

13. 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.

Electronic payment Ensure you have given us your email address in section 3 above
and your claim shall be paid into the bank account your premium is
collected from.

Cheque Cheques will be automatically made payable to the policyholder(s)
named on your Certificate of Insurance.

**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 3 to avoid delay in settlement.

Policyholder's name

Date / /

Please state the number of documents enclosed including this form.

14. 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

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

If yes, please give details

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

Address

Postcode

Age

Relationship to you

Fight injuries: Name and address of other animal's owner

Name

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?

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

Witness 1 name

Address

Postcode

Occupation

Witness 2 name

Address

Postcode

Occupation

Personal injuries: Name and address of injured person

Name

Address

Postcode

Occupation

Employer's name and address (if known)

Name

Address

Postcode

Describe the nature and extent of injuries

14. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

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

Postcode

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

Motor vehicle damage: Name and address of owner

Name

Address

Postcode

Make of vehicle

Model

Registration

Driver's 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.

PLEASE DO NOT RESPOND TO ANY CORRESPONDENCE ABOUT THIS INCIDENT AND FORWARD TO US IMMEDIATELY.

Please give details of all your previous third party liability claims

Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs

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Petplan is a trading name of Pet Plan Limited (Registered in England No. 1282939) and Allianz Insurance plc (Registered in England No. 84638), Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pet Plan Limited is authorised and regulated by the Financial Conduct Authority. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.