

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 form and ensure it is saved before you send it.

Missing information will delay your claim.

We're happy to help!

If you need any help completing this form, please visit 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

Policyholder's first name

Contact 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

Pedigree name

Is your pet a

Dog

Cat

Rabbit

Breed

If crossbreed, please state dominant breed (dogs only)

Pet's microchip no.

Pet's date of birth

/

/

Male

Female

Date you first owned your pet

/

/

Is your pet insured with any other company?

Yes

No

If Yes, please state which company

4. Policyholder to complete

ABOUT YOUR HOLIDAY

Holiday dates from / / to / /

Date booked

Destination

Date of cancellation / /

Reason for cancellation

Documents required to support claim

Booking invoice

Cancellation invoice

Receipts

Your claim will be delayed if you do not supply all of this information

Travel and accommodation expenses claimed

A.

Amount claimed £

B.

Amount claimed £

C.

Amount claimed £

Total amount claimed in figures £

Is your holiday insured with any other company?

Yes

No

If Yes, please supply details of other insurer

5. 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.

Policyholder name

Date / /

By completing 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

Condition

Date of onset / /

Treatment carried out

Date of treatment / /

Date client was advised of treatment required / /

Was it emergency life-saving treatment?

Yes

No

Name

Practice name

Date / /

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

Petplan practice no.

Important note - Please send completed claim forms including copies of all receipts and vet histories to: claims@petplan.co.uk.