

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

We're happy to help!
If you have any questions call us on
0345 074 4406

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

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"/>
Holiday Cancellation	<input type="checkbox"/>	<input type="checkbox"/>
Emergency repatriation	<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 7 & 12

▶ Complete Sections 1 3 4 5 6 7 & 12

▶ Complete Sections 1 3 4 5 8 & 12

▶ Complete Sections 1 3 4 5 7 8 & 12

▶ Complete Sections 1 3 4 5 9 & 12

▶ Complete Sections 1 3 4 5 10 & 12

▶ Complete Sections 1 3 4 5 11 & 12

3. Policyholder to complete ABOUT YOU

Policyholder's Surname _____

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 _____

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.1 _____

Pet's Microchip no.2 _____

Name of UK veterinary surgery where your pet is registered _____

Address _____

Postcode _____

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?

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?

Multiple horizontal lines for text input.

What treatment did the vet recommend?

Multiple horizontal lines for text input.

Give details of the treatment received

Multiple horizontal lines for text 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

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

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

Multiple horizontal lines for text 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

Address

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?

Address

Address

Address

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

Name

Address

Address

Address

Postcode

Date reported / /

When were they lost / /

What did you have to do to get duplicate documents

Address

Address

Address

Address

Give details of costs in obtaining replacement documents

Amount

Currency

What was your scheduled date to return home? / /

What was your method of returning?

Address

How did you eventually return home?

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

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

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Was your pet on a lead?

Yes

No

Describe your pet's usual nature

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

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

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

Address

Postcode

Age

Relationship to you

Fight injuries: Name of other animal's owner

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

Employers name and address (if known)

Name

Address

Postcode

Describe 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

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

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Make of vehicle
 Model
 Registration
 Drivers name
 Address

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

Postcode

Name of insurance company of damaged vehicle

Address

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

Police Station name

Police Station address

Postcode

Describe the damage to the vehicle

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

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

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

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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 tick one of the options below

Electronic payment Ensure you have given us your email address in section 3 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.

Please sign here 
 Date / /
 Print name

Please state the number of documents enclosed including this form.