

Claim Form

For official use only	

for Loss by Theft or Straying, Advertising and Reward

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE **COMPLETE A SEPARATE FORM FOR EACH PET**

We're happy to help!

If you have any questions call us on 0845 070 3429

. Policyholder to complete POLICY NUMBER	
2. Policyholder to complete ABOUT YOU	A. When did you first notice the animal was missing? (A claim cannot be submitted until 30 days have elapsed)
Policyholder name	(A claim carriet be submitted until 50 days have elapsed)
Daytime telephone no	Date / / Time
Email address	Place
Policyholder address	B. Where and when was the animal last seen?
	Date / / Time
	Place
Postcode	C. If the animal has been recovered, please state
Please tick here if this is different t	
address on your Certificate of Insur	
. Policyholder to complete ABOUT YOUR ANIMAL	B. Please tell us the details of the police station the theft of your animal
Your animal's pet name	was reported to: (continue overleaf if necessary)
Pedigree name	Name
Animal's date of birth / /	Address
Dog Cat Male Fe	male
Breed	Postcode
Is your animal insured with any other company?	No Telephone no (incl. STD)
If Yes, please state which company	
Where did you purchase your animal?	Date reported / /
Date of purchase /	
· · · · · · · · · · · · · · · · · · ·	/ Police report no
	C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)
Value immediately prior to the loss	
£ -	Name
A. Please advise circumstances of loss (continue overleaf if necessary)	Address
	Postcode
	Telephone no (incl. STD)
	Date reported / /
Policyholder to complete ADVERTISING AND REWARD	Please state amount £ -
A. Are you claiming for advertising?	No B. Have you paid a reward? Yes No
f Yes, please give full details	Was the reward agreed in advance with Animalcare Options Insurance? Yes No
	Please state amount £ -
	Please attach written confirmation from the person who received the reward.

5. Policyholder to complete DOCUMENTATION	
DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:	Any other relevant documents
IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS Please tick if enclosed	
DOGS AND CATS	Receipts, including name, address and telephone number of recipient,
Purchase receipt	to support a claim for reward (If applicable)
Pedigree certificate	Written confirmation of loss by the police (for dog) or by a vet (for cat). If written confirmation cannot be provided an official police/vet stamp and
Kennel Club/G.C.C.F registration	other information requested will be required in SECTION 7 below
N.B. In cases where a missing animal is recovered subsequent to payment of a claim the claim	ant agrees to reimburse Animalcare Options Insurance the full amount received in respect of their claim.
If unable to send any of these documents please	of documents enclosed including this form 1 2 3 4 5 6 7 8
offer explanation on a separate sheet of paper.	
6. Policyholder to complete PAYEE DETAILS	
Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.	
Are you happy for Animalcare Options Insurance to provide the veterinary practice identified on this form with information about your policy in respect to this claim?	
I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief	Please sign here X
7. Reporting officer/vet to complete DECLARATION	Practice stamp (if applicable)
Please ensure this section is completed and stamped	_
Date reported / /	
Police registration no (if applicable)	
I confirm that the loss of the above animal has been reported	-
Signature of reporting officer or vet	
X Date / /	
Circumstances of loss (continued)	Police/vet practices contacted (continued)
	Please continue on a separate sheet if necessary

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
 If the claim form is being faxed, please retain all original copies of the claim form and receipts.
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.