

Claim Form for Pet Travel Insurance

For official use only

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.

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

We're happy to help!

If you have any questions call us on

0845 070 3429

1. Policyholder to complete

POLICY NUMBER

2. Policyholder to complete

ABOUT YOUR CLAIM

Under which section(s) are you claiming

Please Tick

Emergency vet fees

☐

Emergency repatriation

☐

Advertising and reward

☐

Quarantine or loss of documents

☐

About The Form

Complete Sections

1 2 3 4 5 6 & 11

Complete Sections

1 2 3 4 5 7 8 & 11

Complete Sections

1 2 3 4 5 9 & 11

Complete Sections

1 2 3 4 5 10 & 11

3. Policyholder to complete

ABOUT YOU

Policyholder's name

Daytime telephone no

Email address

Policyholder's address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance

☐

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

Pet's date of birth

/

/

Male

☐

Female

☐

PETS certificate number

Microchip number

Name of UK veterinary surgery where your pet is registered

Address

Postcode

5. Policyholder to complete

ABOUT YOUR JOURNEY

Dates of travel

from

/

/

to

/

/

Country/Countries visited

Please attach copy of booking invoice or other relevant documents

MISSING DOCUMENTS WILL DELAY YOUR CLAIM. IF YOU ARE UNABLE TO SEND ANY OF THE DOCUMENTS REQUIRED PLEASE TELL US WHY ON A SEPARATE SHEET OF PAPER.

6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you first noticed your pet was unwell.
Your claim will be delayed if this section is 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 (inc. dialling code)

What diagnosis did the vet make?

What treatment did the vet recommend?

Please give details of the treatment received

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

EMERGENCY REPATRIATION - ABOUT THE DEATH OF YOUR PET

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

EMERGENCY REPATRIATION

Why was your pet unable to travel?

On what date were you advised the pet could not travel? / /

Give details of additional travel expenses incurred

Amount claimed

Currency

Please give the following details of additional travel expenses

from / / to / /

Amount claimed

Currency

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

FOR YOUR VET TO FILL IN

Name of illness/injury

Date first clinical signs were noticed / /

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

On what date did you advise your client the pet could not travel? / /

Signature

X

Date / /

Practice stamp

9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the pet was missing?

Date / /

Time

Place

Where and when was the pet last seen?

Date / /

Time

Place

If the pet 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 OR LOSS OF DOCUMENTS

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 OR LOSS OF DOCUMENTS CONT.**

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

Please give details of the costs of quarantine

Amount claimed

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

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

Name

Address

Postcode

Date reported / /

When were they lost? / /

What did you have to do to get duplicate documents?

Please give details of costs in obtaining duplicate documents

Amount

Currency

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Please give details of travel expenses

Amount claimed

Currency

Please give details of accommodation expenses

from / / to / /

Amount claimed

Currency

11. 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.

Signature

X

Date / /

Please state the number of documents enclosed including this form.

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.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER