Animalcare Options Insurance

# Claim Form
## for Holiday Cancellation

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 YOU

Policyholder's name

Daytime telephone no

Email address

What was the reason for your trip  Business ☐  Holiday ☐

Policyholder's address

Postcode

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

**3.** 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 ☐

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

Reason for cancellation

**Documents required to support claim. Tick if attached, if not attached please explain why on a separate piece of paper.**

Booking invoice ☐  Cancellation invoice ☐  Receipts ☐

Travel and accommodation expenses claimed

**A.**

Amount claimed £ -

**B.**

Amount claimed £ -

**C.**

Amount claimed £ -

Total amount claimed in words (£ only)

Total amount claimed in figures £ -

**5.** Policyholder to complete — PAYEE DETAILS

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

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 ✗

**6.** Vet to complete — DETAILS OF SURGERY

Condition

Date of onset  /  /

Surgery carried out

Date of surgery  /  /

Signature ✗  Date  /  /

Date client was advised surgery required  /  /

Was it emergency life saving surgery?  Yes ☐  No ☐

Practice stamp (if applicable)

**To ensure this claim is dealt with quickly please note your Practice number here.**

Practice no

## 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**

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