

Claim Form for Death

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

N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

We're happy to help!

If you have any questions call us on

0345 070 3429

1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete ABOUT YOU

Policyholder's address

Policyholder's name

Daytime telephone no

Email address

Postcode

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

3. Policyholder to complete ABOUT YOUR PET

Where did you purchase your pet?

Pet's name

Date of purchase / /

Pedigree name

Seller's name Mr/Mrs/Ms

Initial

Is your pet a Dog Cat Breed

Address

Pet's date of birth / / Male Female

Postcode

Which policy plan do you have?

Is your pet insured with any other company? Yes No

Amount claimed £ -

If Yes, please state which company

Original purchase price £ -

4. Policyholder to complete DEATH FROM ILLNESS

Date of death / /

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with your veterinary practice /

Cause of death

5. Policyholder to complete DEATH FROM INJURY CAUSED BY AN ACCIDENT

Full circumstances of the accident, please continue on a separate sheet if necessary

Date of injury / /

Date of death / /

Cause of death

6. Policyholder to complete DOCUMENTATION

Documents required in support of a claim.

If you are unable to send all documents please offer an explanation on a separate sheet of paper (please ensure all supporting documentation is submitted to avoid the claim being delayed). Photocopies are acceptable for A & B. However, if required we will ask for original documents to be sent in.

Please tick relevant box to indicate document attached

A. Proof of purchase (such as a receipt)

B. Pedigree certificate and Kennel Club registration

C. Certificate signed by the vet stating the date and cause of death (not required if supported by a claim for veterinary fees)

D. Only for death from injury: If you are unable to provide a death certificate from your vet please provide a statement supporting your claim from someone (not a family member) confirming date and cause of death

7. Policyholder to complete PAYEE DETAILS

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

Please sign here

X

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, PO Box 224, Huddersfield, HD8 1FS.

Animalcare Options Insurance from Animalcare Limited is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB.

Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animalcare Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER