

Claim Form

for Loss by Theft or Straying, Advertising and Reward

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
0345 070 3429

1. Policyholder to complete

POLICY NUMBER

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2. Policyholder to complete

ABOUT YOU

Policyholder name

Daytime telephone no

Email address

Policyholder address

Postcode

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

A. When did you first notice the animal was missing?
 (A claim cannot be submitted until 30 days have elapsed)

Date / / Time

Place

B. Where and when was the animal last seen?

Date / / Time

Place

C. If the animal has been recovered, please state

Date / / Time

Place

3. Policyholder to complete

ABOUT YOUR ANIMAL

Your animal's pet name

Pedigree name

Animal's date of birth / /

Dog Cat Male Female

Breed

Is your animal insured with any other company? Yes No

If Yes, please state which company

Where did you purchase your animal?

Date of purchase / /

Original purchase price: £ -

Value immediately prior to the loss

£ -

A. Please advise circumstances of loss (continue overleaf if necessary)

B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no (incl. STD)

Date reported / /

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)

Name

Address

Postcode

Telephone no (incl. STD)

Date reported / /

D. If your pet is microchipped, you must notify your microchip provider.

Please tell us the details of the microchip provider that the loss of your pet was reported to.

Pet Microchip no.

Name

Address

Postcode

Telephone no.

Date reported

Please attach evidence of the report you provided to your microchip provider to support your claim

4. Policyholder to complete ADVERTISING AND REWARD

A. Are you claiming for advertising? Yes No

If Yes, please give full details

Please state amount £ -

B. Have you paid a reward? Yes No

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:
IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS Please tick if enclosed

DOGS AND CATS

- Purchase receipt
- Pedigree certificate
- Kennel Club/G.C.C.F registration

- Any other relevant documents
- Receipts to support advertising expenses (If applicable)
- Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)
- 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 other information requested will be required in **SECTION 7** below
- Evidence of the report you provided to your microchip provider

N.B. In cases where a missing animal is recovered subsequent to payment of a claim the claimant agrees to reimburse Animalcare Options Insurance the full amount received in respect of their claim.

If your pet is not microchipped, please ensure section 7 is completed by your vet.

If unable to send any of these documents please offer explanation on a separate sheet of paper. Please circle the number of documents enclosed **including** this form 1 2 3 4 5 6 7 8

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? Yes No

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.
- 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.

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

Animalcare Ltd is an Appointed Representative of Allianz Insurance plc which 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