



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
0345 070 3422

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.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to:
Pet ID Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Pet-ID Insurance from Pet-ID Microchips Ltd, is sold, underwritten and administered by Allianz Insurance plc, (Registered in England No. 84638). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pet-ID Microchips 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. Pet-ID Microchips Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER