



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
0345 070 3422

1. Policyholder to complete POLICY NUMBER

| | | | | | | | | | | |

2. Policyholder to complete ABOUT YOUR CLAIM

Under which section(s) are you claiming	Please Tick	About The Form
Emergency vet fees	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 6 & 11
Emergency repatriation	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 7 8 & 11
Advertising and reward	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 9 & 11
Quarantine or loss of documents	<input type="checkbox"/>	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? / /

What was the cost of returning your pet's body home or the cost of disposal?

Currency

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  Date / /

Practice stamp

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?

Amount claimed

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

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 

Date / /

Please state the number of documents enclosed including this form.

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.