

# Claim Form for Pet Travel Insurance

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. For official use only

We're happy to help! If you have any questions call us on 0345 070 3422

## 1. Policyholder to complete POLICY NUMBER

. Policyholder to complete ABOUT	OUR CLAIM	
Under which section(s) are you claiming	Please Tick	About The Form
Emergency vet fees		Complete Sections
Emergency repatriation		Complete Sections
Advertising and reward		Complete Sections
Quarantine or loss of documents		Complete Sections

3. Policyholder to complete ABOUT YOU	Details of any other travel insurance
Policyholder's name	Policy number
Daytime telephone no	Company name
Email address	Address
Policyholder's address	
Postcode	
Please tick here if this is different to the address on your Certificate of Insurance	Postcode

4. Policyholder to complete ABOUT YOUR PET	Microchip number
Pet's name	Name of UK veterinary surgery where your pet is registered
Pedigree name	
ls your pet a Dog Cat	Address
Breed	
Pet's date of birth / / Male Female	
PETS certificate number	Postcode

5. Policyholder to complete	ABOUT Y	OUR JOURNE	(
Dates of travel from /	/	to /	/
Country/Countries visited			

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 n Your claim will be delayed if this		What diagnosis did the vet make?
Date / /		
What were the signs of illness or	injury?	
		What treatment did the vet recommend?
Has your pet shown the same or s	similar signs before? Yes No	Please give details of the treatment received
If <b>Yes</b> , when / /		
Name of veterinary practice that t	treated your pet	
Address		
		Total amount claimed
	Postcode	Currency
Telephone number (inc. dialling c	code)	Please attach copies of all receipts

7. Policyholder to complete	EMER	GENC	Y REPATRIATION - ABOUT THE DEATH OF YOUR PET
On what date did your pet die?	/	/	Currency
What was the cost of returning home or the cost of disposal?	your pet'	s body	

8. Policyholder to complete	EMERGENCY REPATRIATION	
Why was your pet unable to tra	vel?	Give details of additional travel expenses incurred
		Amount claimed
		Currency
		Please give the following details of additional travel expenses
		from / / to / /
		Amount claimed
		Currency
On what date were you advised	the pet could not travel? / /	Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

FOR YOUR VET TO FILL IN	Signature 🖌			
Name of illness/injury	· · · · · · · · · · · · · · · · · · ·			
		Date	/	/
	Practice stamp			
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? / /				

# 9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the pet was missing?	Please give details of the police/vet/carrier to whom the loss was reported
Date / /	Name
Time	Address
Place	
Where and when was the pet last seen?	
Date / /	Postcode
Time	Did you make enquiries or advertise for information? Yes No
Place	If <b>Yes,</b> please give full details and attach receipts
If the pet was recovered please state	
Date / /	
Time	
Place	
Please advise circumstances of loss	
	Amount
	Currency
	Did you pay a reward? Yes No
	Amount
	Currency
	Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete QUARANTINE OR LOSS OF DOCUMENTS	
Why was your pet not allowed back into the UK?	Please give details of the type of microchip carried by your pet

#### **10.** Policyholder to complete

Please give the name and address of the quarantine establishment	Please give details of costs in obtaining duplicate documents
Name	
Address	
	Currency
	What was your scheduled date to return home?       /
Postcode	What was your method of returning?
How long was your pet in quarantine?	
	How did you eventually return home?
Amount claimed	
Name	
Address	
Postcode	When did you eventually return home? / /
Date reported / /	Please give details of travel expenses
When were they lost? / /	Amount claimed
What did you have to do to get duplicate documents?	Currency
	Please give details of accommodation expenses
	from / / to / /
	Amount claimed
	Currency

yholder to complete DECLARATION			
hecked the information on this claim form and to the best of my knowledge and belief.	confirm t	hat it is	l
iture X			
			Please state the number of documents enclosed including this form
Date	/	/	

#### **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