

# Third Party Liability Claim Form



Complete and return to: [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk)

## Please ensure both pages of this claim form are completed by the policyholder

This form is intended for the use of the solicitors of our underwriters in connection with litigation, actual or anticipated. Please answer each question as fully as possible and return without delay to the address shown above.

Each time your pet injures someone or damages their property and you are LEGALLY responsible, we will pay up to the maximum amount as shown on your policy schedule:

- Compensation to them for the injury or damage;
- Their legal costs to claim compensation from you;
- Our legal costs if we defend the claim against you

We are unable to become involved in a police prosecution

We will not pay compensation or legal costs if the injured person or the damaged property belongs to, is in the custody or control of, or is held in trust by you or a person who:

- is part of your family
- lives at your home
- works for you or
- is looking after your dog with your permission

### Policyholder Details

Name	Policy Number
Address	Period of insurance
	Telephone number
	Email

### Pet Details

Pet name	Sex of pet
Pet breed	Age at start of policy
Colour	Date pet aquired

### Please provide the following information

Business or profession	Policy Number
Address of insurer	Insurer
	Insurer telephone number
	Insurer Postcode
Have any other claims been made against you in the last 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If your answer to the above question is Yes, please provide details below:

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### Incident Details

Date	Time
Where did the incident happen?	

Explain below exactly how the incident happened (please provide or attach a rough sketch if possible)

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## Incident Details (continued)

Has a claim been made against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please attach all details with this form
Has a report of complaint been made to the Police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please provide: 1. the name and address of the Police Station 2. Reference number
Did the Police witness the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Details of injured person or damage to third party property

Name	
Address	
Postcode	
Nature of injuries Please describe as fully as possible	
Details of property damaged	
Is the claimant a relative or an employee?	

## Details of the witness or witnesses

Who was present at the time? Please supply names and addresses	
Did you obtain statements from the witness or witnesses? (even if they did not see the incident)	
If you answered Yes to the above question please provide full details	
Have you had any other complaints by third parties regarding your animal(s)	
If you answered Yes to the question above, please provide full details	

## Declaration

**By signing this form, I declare that the above statements are true and complete to the best of my knowledge and belief. I understand that the issue of this form is not to be taken as an admission by the Company of any Liability to the insured or to any other person.**

<b>Signature of Insured</b>		Date	
<b>Print name</b>			

Liability must not be admitted by the claimant without our consent. The insured should not disclose to the claimants the fact he/she is insured. Some or all of the information supplied by the Insured will be held on computer and may be passed to other insurance companies for underwriting and claims purposes.