

Before filling in this form, please:

- 1 Ensure that all claims are supported by fully itemised receipts or invoices and return to Pet Protect Pet Insurance as soon as possible, to the address provided at the bottom of the back page.
- 2 Read your Policy and Certificate of Insurance to check that you are covered.

Policyholder to complete **Your Details**

<p>Policyholder Name</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Name of Pet</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>Policy Number</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Breed of Pet</p> <input style="width: 95%; height: 20px;" type="text"/>
<p>Address</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	<p>Pet's Date of Birth (DD/MM/YY)</p> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>
<p>Postcode</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Mobile Number</p> <input style="width: 95%; height: 20px;" type="text"/>
	<p>Email Address</p> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>

Policyholder to complete **Bank Details**

We will, wherever possible, make payments into the bank account from which your premiums are collected, unless you have provided alternative bank details here.

Name of Account Holder

Name of Bank / Building Society

Account Number Sort Code

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Policyholder to complete **Quarantine Costs**

<p>What was the total cost incurred as a result of the loss?</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p>	<p>Please provide a breakdown of the costs incurred along with a receipt:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"> <p>Cost of Health Certificate</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p> </td> <td style="width: 25%;"> <p>Kennelling Costs</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p> </td> <td style="width: 50%;"> <p>Other</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p> </td> </tr> </table>	<p>Cost of Health Certificate</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p>	<p>Kennelling Costs</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p>	<p>Other</p> <p>£ <input style="width: 80%; height: 20px;" type="text"/></p>
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Please explain the reason for the above cost(s) you have incurred.

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Please also provide copies of any correspondence or receipts you have been provided with

Both sides of this claim form must be completed

<p>Making a claim is easy on the Pet Portal Register on the portal to submit claims and track progress Visit: petportal.petprotect.co.uk</p>	<p>Return Claim Form to: Email: claims@petprotect.co.uk Pet Protect, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX</p>
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Please explain the reason for the emergency expenses abroad

Due to emergency treatment being required:

- Please provide the Veterinary Practice contact details that provided the emergency treatment
- Please also complete a Veterinary Fees Claim Form for the treatment charges
- Please explain the reason for emergency treatment being required

Due to loss of Pet Travel Documents

- Please ensure that Section 4 of the Claim Form is completed if you ticked this option

Due to your pet becoming lost

- Please also complete a Theft & Straying Claim Form if you selected this option

Other reason

- Please explain and provide any documentary evidence which may assist with the processing of your claim

Large rounded rectangular area with horizontal dotted lines for writing.



Travel Benefits Claim Form

[Large dotted area for providing details of the claim]

Policyholder to complete **Customer Declaration & Authority**

- I declare that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.
- I also authorise you to discuss my claim with any third party associated with the claim. This may include who provided the care of the animal during quarantine, and the veterinary surgery who provided the travel documents.
- I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

Signed (Policyholder)

Name Printed

Date Signed

D	D	/	M	M	/	Y	Y
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