

THIRD PARTY LIABILITY CLAIM FORM

0345 602 4797

Please return to Pet Protect, Furness House, 53 Brighton Road, Redhill, Surrey, RH1 6RD



POLICY HOLDER DETAILS

Name:

Address:

POLICY DETAILS

POLICY NO:

NAME OF PET:

BREED:

COLOUR:

SEX:

AGE AT INCEPTION:

OVERALL PREMIUM:

INCEPTION DATE:

EXCESS: £250.00

PLEASE ENSURE BOTH SIDES OF THIS CLAIM FORM ARE COMPLETED BY THE POLICY HOLDER

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

1 (a) Telephone Number _____ 1 (b) Business or Profession _____

2 (a) Please list below details of your household insurance policy

Policy Number: _____ Insurer: _____

Address of Insurer: _____

_____ Postcode: _____

Tel No: _____

2 (b) Have any other claims been made against you in the last 3 years? YES / NO If YES, please give details below

3. Particulars of incident

(a) Date ___/___/_____ (b) Time _____

(c) Where exactly did it happen?

(d) Explain exactly how it happened (please attached a rough sketch if possible)

(e) Has a claim been made against you? YES / NO (If YES, please forward all particulars)

(f) State if a report or complaint has been made to the Police YES / NO

If YES, please advise name and address of Police Station or reference

(g) Did the Police witness the incident? YES / NO

4. Particulars 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?

5. Particulars of Witness(es)

(a) Who was present at the time? (please supply names and addresses)

(b) Have you obtained statements from them? (even if they did not see the incident) YES / NO If YES, please attach

6. Have you had any other complaints or claims by third parties in respect of your animal(s)? YES / NO

(If YES, please supply full details below)

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.

Signature of Insured

Date ___/___/_____

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.