

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

This form is intended for the use of the external claims handlers of our underwriters in connection with a claim against you, actual or anticipated. Please answer each question as fully as possible and return without delay to the address below.

Each time your pet injures someone or damages their property, and you are 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 to complete **Your Details**

Mobile Number

Email Address

Policyholder Name

Address

Postcode

Policyholder to complete **About Your Dog**

Policy Number

Dog's Name

Dog's Date of Birth / /

When did you acquire your dog? / /

Has your dog attended any training/obedience classes?
Yes No

If yes, please provide details:

Has anyone ever complained about your dog's behaviour or has it ever been aggressive towards another person or animal?
Yes No

Policy start date / /

Sex? Male Female


Breed of Dog

Microchip number


Was the other party known to your dog? Yes No

If yes, please provide details:

Was your dog on a lead and/or muzzled at the time of the incident?
Yes No



Call 0345 602 4797
Lines are open from 9am to 5:30pm Monday to Friday. Calls may be monitored or recorded



Return Claim Form to:
Post to: Pet Protect, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

Policyholder to complete

Household Insurance

Do you have a household insurance policy? If yes, please provide the name and address of the content insurer and the policy number:

Name of content insurer

Household Insurance Policy Number

Address of Insurer

Postcode

Policyholder to complete

About the Accident / Incident

Date of incident

Time of incident (HH:MM)

When was the accident/incident reported to you?

Place of accident/incident:

Who was in charge of the insured dog at the time of the accident/incident?

Full description of accident/incident circumstances. (If you feel a sketch would assist, please use the section on the last page of this form)

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Has a claim been made against you? If yes, please attach all details with this form

Yes No

Was the accident/incident reported to the police?

Yes No

Do you believe anyone else caused or contributed to the accident/ incident?

Yes No

If yes, please provide more information:

If so, please provide details below:

Name

Station Name

Address

Address

Postcode

Postcode

Incident Reference Number

Why do you feel this person was to blame?

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Policyholder to complete

Details of the injured party or owner of damaged property

Name

Is the claimant a relative or an employee?

Address

Postcode

Details of personal injury:

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Details of damage to property:

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Policyholder to complete

Witnesses

If there were any witnesses to the accident/incident please list these below:

Who was present at the time?

Name

Name

Address

Address

Postcode

Postcode

Did you obtain any statements from the witness or witnesses? (Even if they did not see the incident) Yes No

Have you had any other complaints by third parties regarding your dog or dogs? Yes No

If yes, please provide details:

If yes, please provide details:

Declaration - please carefully read this declaration and sign below

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

Signed (Policyholder)

Name Printed

Date



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