


# Holiday Cancellation Claim Form

 **Making a claim is easy on the Pet Portal**  
 Register on the portal to submit claims and track progress  
 Visit: [petportal.petprotect.co.uk](http://petportal.petprotect.co.uk)

**Before filling in this form, please:**

- 1 Ensure that all claims are supported by fully itemised receipts or invoices and return to Pet Protect as soon as possible, to [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk) or to the address provided at the bottom of the page.
- 2 Check that all details above are correct. Please amend where appropriate.
- 3 Read your Policy and Certificate of Insurance to check that you are covered.

**Policyholder to complete** **Your Details**

<p>Policyholder Name  <input type="text"/></p> <p>Policy Number  <input type="text"/></p> <p>Address  <input type="text"/>  <input type="text"/>  <input type="text"/></p> <p>Postcode  <input type="text"/></p>	<p>Name of Pet  <input type="text"/></p> <p>Breed of Pet  <input type="text"/></p> <p>Pet's Date of Birth  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Mobile Number  <input type="text"/></p> <p>Email Address  <input type="text"/>  <input type="text"/></p>
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**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  
 -  -

**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 agree that my Vet may provide any information my insurer may require regarding past medical history, and the nature of the condition and its treatment.
- I also authorise you to discuss my claim with the practice.
- I understand that my personal information will be held on computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

Signed (Policyholder)

Name Printed

Date Signed  
 /  /

**Both sides of this claim form must be completed**

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PLEASE NOTE: Should you wish to claim for treatment your pet incurred, please complete a Vets Fees Claim Form

Policyholder to complete Holiday Cancellation Details

Dates of your holiday (From) [DD/MM/YY] Date you booked your holiday [DD/MM/YY] What date did your pet go missing or what was the date of treatment? [DD/MM/YY]
(To) [DD/MM/YY] Date you cancelled your holiday [DD/MM/YY] What cancellation costs did you incur? £ [ ]

Policyholder to complete Missing Pet Details

When did you report your pet missing to the Veterinary Practice? [DD/MM/YY] Name of Veterinary Practice [ ] Veterinary Practice Address [ ] Veterinary Practice Telephone Number [ ]
When did you report your pet missing to the Police? [DD/MM/YY] THIS ONLY APPLIES TO DOGS
Police Incident / Crime Number [ ] Police Station Address [ ] Police Station Telephone Number [ ]

Veterinary Practice to complete Details of Treatment (Please return with pets full clinical history)

Treatment Dates (From) [DD/MM/YY] (To) [DD/MM/YY]
Can you confirm if the treatment was lifesaving? Please give reasons to support this:
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.....

! Please Note: Give details of diagnosis in the space provided.

Veterinary Practice to complete Declaration

Signed [ ] Name Printed [ ] Date Signed [DD/MM/YY]
Position [ ]
Veterinary Practice Email Address [ ] Veterinary Practice Name [ ] Veterinary Practice Postcode [ ]
Veterinary Practice Telephone Number [ ]

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Return Claim Form to: Email: claims@petprotect.co.uk Pet Protect, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX