

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

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 contact@email.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

<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: contact@email.petprotect.co.uk Pet Protect, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX</p>
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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

When did you report your pet missing to the Police?

DD / MM / YY

THIS ONLY APPLIES TO DOGS

Name of Veterinary Practice

Police Incident / Crime Number

Veterinary Practice Address

Police Station Address

Veterinary Practice Telephone Number

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:

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

Both sides of this claim form must be completed



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