

# 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 [contact@email.petprotect.co.uk](mailto: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</p> <input type="text"/>	<p>Name of Pet</p> <input type="text"/>
<p>Policy Number</p> <input type="text"/>	<p>Breed of Pet</p> <input type="text"/>
<p>Address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>Pet's Date of Birth</p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<p>Postcode</p> <input type="text"/>	<p>Mobile Number</p> <input type="text"/>
	<p>Email Address</p> <input type="text"/> <input type="text"/>



## Policyholder to complete Bank Details

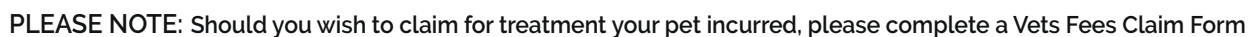
<p>We will, wherever possible, make payments into the bank account from which your premiums are collected, unless you have provided alternative bank details here.</p>	<p>Name of Account Holder</p> <input type="text"/>
	<p>Name of Bank / Building Society</p> <input type="text"/>
	<p>Account Number</p> <input type="text"/>
	<p>Sort Code</p> <input type="text"/> - <input type="text"/> - <input type="text"/>

## Policyholder to complete Customer Declaration & Authority

<ul style="list-style-type: none"> <li>I declare that the statements I have made are true.</li> <li>I agree that if they are found to be untrue, I will lose all my rights under the policy.</li> <li>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.</li> <li>I also authorise you to discuss my claim with the practice.</li> <li>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.</li> </ul>	<p>Signed (Policyholder)</p> <input type="text"/>
	<p>Name Printed</p> <input type="text"/>
	<p>Date Signed</p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

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

 <p><b>Making a claim is easy on the Pet Portal</b> Register on the portal to submit claims and track progress Visit: <a href="http://petportal.petprotect.co.uk">petportal.petprotect.co.uk</a></p>	 <p><b>Return Claim Form to:</b> Email: <a href="mailto:contact@email.petprotect.co.uk">contact@email.petprotect.co.uk</a> Pet Protect, Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX</p>
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## Holiday Cancellation Details

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## Missing Pet Details

[illegible]

### Details of Treatment (Please return with pets full clinical history)

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

## Declaration

[illegible]

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

