

Loss, Theft and Straying 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

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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.

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Check that all details above are correct. Please amend where appropriate.

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Read your Policy and Certificate of Insurance to check that you are covered.

Policyholder to complete	Your Details	
Policyholder Name Policy Number Address Postcode		Name of Pet Breed of Pet Pet's Date of Birth Mobile Number Email Address
Policyholder to complete 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 : Account Number	Society Sort Code
Policyholder to complete I confirm that the details given on this claim form are correct to the best of my knowledge and belief. I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.	Customer Dec Signed (Policyholder) Name Printed Date Signed	Authority MM/YY

Both sides of this claim form must be completed



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Return Claim Form to:

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

Policyholder to complete	Claim Details
When did your pet go missing?	Police Incident or Crime No.
N/A	Police Station Address (Reported to)
When did you report your pet missing to the police? (Only applies to dogs)	
DD/MM/YY	
Was your pet found?	Police Station Telephone Number
Yes No No	
If YES, when was your pet found?	Pet Microchip Number
D D / M M / Y Y	
Please provide details of how your pet went mi	sing, and if found:
L	
Did you report your pet missing to your local Vet(s	If YES, please provide the practice(s) name and address and the date you registered them missing below.
Yes No No	date you registered them missing below.
When did you report your pet missing to the Vete	rinary Practice? When did you report your pet missing to the Veterinary Practice?
Name of Valentines with the	Name of Valentine on Direction
Name of Veterinary Practice	Name of Veterinary Practice
Veterinary Practice Telephone Number	Veterinary Practice Telephone Number
,	
Address	Address
Policyholder to complete	Finder's Details
Who found your pet?	Finder's Address
Name of Finder	
Finder's Telephone Number	
Policyholder to complete	Costs
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Cost of advertising	Your pet's original purchase price Cost of reward (If any)
Please attach an itemised receipt or bank statemen	Please attach original purchase receipt Please attach a receipt from the finder
£	£ 2



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