

## **Travel Benefits Claim Form**

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

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Ensure that all claims are supported by fully itemised receipts or invoices and return to Pet Protect Pet Insurance as soon as possible, to the address provided at the bottom of the back page.



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

Policyholder to complete	Your Details			
Policyholder Name  Policy Number  Address		Name of Pet  Breed of Pet  Pet's Date of Birth  Mobile Number  Email Address	(DD/MM/YY)	
Postcode				
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 S  Account Number	Society		Sort Code
Policyholder to complete	Quarantine Costs	S		
What was the total cost				
			•	
		•••••		<i></i>

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Please also provide copies of any correspondence or receipts you have been provided with

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



Making a claim is easy on the Pet Portal Register on the portal to submit claims and track progress Visit: petportal.petprotect.co.uk



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

### Policyholder to complete Loss of Pet Travel Documents Please provide a breakdown of the costs incurred along with a receipt: \*Travel Documents means the What was the total costs Pet Passport, PETS Certificate incurred as a result of the loss? Cost of Health Certificate Other and/or Certificate for treatment against parasites issued for your £ £ pet under the terms of the PETS. Please provide details of how the certificate was lost: What was the date of your trip? (DD/MM/YY) Please provide details of Veterinary Practice you reported the issue to Name of Veterinary Practice What date was the health certificate lost? (DD/MM/YY) Veterinary Practice Telephone Number What date was the loss reported to the issuing vet? (DD/MM/YY) Veterinary Practice Address Was the document lost or stolen? Stolen Lost If stolen, did you report this to the Police? No Please provide details of the Police Station you reported the issue to Police Station Name and Address Policyholder to complete **Emergency Expenses** What was the total expense you are claiming? Did you lose your pet abroad? Yes No Did your pet die abroad? Yes Missed flights as a result of pet being ill/lost? Please provide any documentary evidence to support this

Additional accommodation cost

Provide proof of payment/receipt for the accommodation charge

Please provide evidence of any repatriation costs incurred

£ | | | | | |

Repatriation costs

£

Were additional costs due to your pet becoming ill abroad?

es No If YES, please complete a Vet Fees Claim Form

Other Expenses

Provide evidence and a breakdown of any expenses incurred

0	Please explain the reason for the emergency expenses abroad			
	Due to emergency treatment being required:			
	<ul> <li>Please provide the Veterinary Practice contact details that provided the emergency treatment</li> <li>Please also complete a Veterinary Fees Claim Form for the treatment charges</li> <li>Please explain the reason for emergency treatment being required</li> </ul>			
	Due to loss of Pet Travel Documents • Please ensure that Section 4 of the Claim Form is completed if you ticked this option			
	Due to your pet becoming lost  • Please also complete a Theft & Straying Claim Form if you selected this option			
	Other reason • Please explain and provide any documentary evidence which may assist with the processing of your claim			

**Claim Summary** 

Policyholder to complete



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Policyholder to complete Custome	r Declaration & Authority
Custome	1 Dodaration a factionty
• I declare that the statements I have made are true I as::	Signed (Policyholder)
I declare that the statements I have made are true. I agree that if they are found to be untrue, I will less all my rights.	Signed (Policyholder)
that if they are found to be untrue, I will lose all my rights	
under the policy.	

Name Printed

Date Signed

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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

surgery who provided the travel documents.

associated with the claim. This may include who provided

the care of the animal during quarantine, and the veterinary

and fraud prevention.