

Before filling in this form, please:

- 1 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.
- 2 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 (DD/MM/YY)</p> <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 Quarantine Costs

<p>What was the total cost incurred as a result of the loss?</p> <p>£ <input type="text"/></p>	<p>Please provide a breakdown of the costs incurred along with a receipt:</p>		
	<p>Cost of Health Certificate</p> <p>£ <input type="text"/></p>	<p>Kennelling Costs</p> <p>£ <input type="text"/></p>	<p>Other</p> <p>£ <input type="text"/></p>

Please explain the reason for the above cost(s) you have incurred.

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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, Hertfordshire WD6 2XX

Policyholder to complete

- 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 also authorise you to discuss my claim with any third party associated with the claim. This may include who provided the care of the animal during quarantine, and the veterinary surgery who provided the travel documents.
- 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 Declaration & Authority

Signed (Policyholder)

Name Printed

Date Signed