

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 this page.

2

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

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



Please Note: We are unable to make payment via cheque

Policyholder to complete

Customer Declaration & Authority

I declare that the statements I have made are true and agree that if they are found to be untrue, I will lose my rights under the policy.

I authorise Pet Protect and any of its representatives to make any enquiries and obtain any information they may consider relevant from me, the Vet, the Referral Vet and/or licensed Credit Reference Agencies who may keep a record of our search.

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.

I understand that my insurer reserves the right at all times to refuse payment for any costs that are not covered under my policy.

Signed (Policyholder)

Name Printed

Date Signed

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

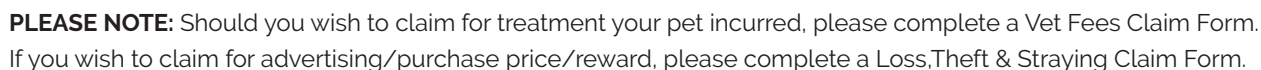
Visit: petportal.petprotect.co.uk



Return Claim Form to:

Email: contact@email.petprotect.co.uk

Pet Protect, PO Box 7925, Bilston WV1 9TT



Holiday Cancellation Details

What date did your pet go missing or what was the date of treatment?

D	D	/	M	M	/	Y	Y
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What cancellation costs did you incur?

£							
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Missing Pet Details

When did you report your pet missing to the Police?

D	D	/	M	M	/	Y	Y
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THIS ONLY
APPLIES
TO DOGS

Police Incident / Crime Number

Police Station Address

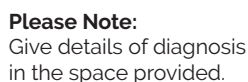
[illegible]

Police Station Telephone Number

[illegible]

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

Can you confirm if the treatment was lifesaving? Please give reasons to support this:

[illegible]

Declaration

Name Printed

Date Signed

Date Signed

Veterinary Practice Name

[illegible]

Veterinary Practice Postcode

[illegible]