

## Holiday Cancellation Claim Form

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

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.

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

Policynolder to complete	Your Details	
Policyholder Name		Name of Pet
Policy Number		Breed of Pet
Address		Pet's Date of Birth
		Mobile Number
		Email Address
Postcode		

#### Policyholder to complete

#### Bank Details

Name of Bank / Building Society

Name of Account Holder

Account Number

We will, wherever possible, make payments into the bank account from which your premiums are collected, unless you have provided alternative bank details here.



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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.

Visit: petportal.petprotect.co.uk

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.

Name	Printec

Name Finteu	
Date Signed	DD/MM/YY

#### 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



### Return Claim Form to:

Sort Code

Email: contact@email.petprotect.co.uk Pet Protect, PO Box 7925, Bilston WV1 gTT

CLAIMS ARE MANAGED BY PET PROTECT LIMITED. THE INSURER OF YOUR PET INSURANCE POLICY IS PINNACLE INSURANCE LIMITED. ALL DATA SUPPLIED UNDER YOUR CLAIM WILL BE MANAGED AND PROCESSED BY PET PROTECT LIMITED ON BEHALF OF THE INSURER. INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES. P3403V3(W) APR 2025

PLEASE NOTE: Should you wish to claim for treatment your pet incurred, please complete a Vet Fees Claim Form. If you wish to claim for advertising/purchase price/reward, please complete a Loss, Theft & Straying Claim Form.

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Policyholder to comple	ete	Holiday	Cancellation Details		
Dates of your holiday (From)	Date you booked	your holiday	What date did your pet go missing or what was the date of treatment? $\Box$ $\Box$ $A$ $M$ $M$ $A$ $Y$ $Y$		
(То)	Date you cancelle	ed your holiday $\left  \begin{array}{c} & & \\ & & \\ \end{array} \right  \left  \begin{array}{c} & & \\ & & \\ \end{array} \right $	What cancellation costs did you incur?     £		
Policyholder to comple	ete	Missing	Pet Details		
When did you report your pet mis	sing to the Veterina	ary Practice?	When did you report your pet missing to the Police? THIS ONLY APPLIES TO DOGS		
Name of Veterinary Practice			Police Incident / Crime Number		
Veterinary Practice Address			Police Station Address       Image: Station Address <t< td=""></t<>		
Veterinary Practice Telephone Nu	mber		Police Station Telephone Number		
Treatment Dates (From)          Image: Display transform         Image: Display transform      <	Can you conf	îrm if the treatmen	t was lifesaving? Please give reasons to support this:		
Veterinary Practice to complete Declaration					
Signed		Name Printed Position	Date Signed		
Veterinary Practice Email Address		Veterinary Practic	e Name Veterinary Practice Postcode		

Veterinary Practice Telephone Number