

Loss, Theft and Straying 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 as soon as possible to contact@email.petprotect.co.uk or to the address provided at the bottom of this page.



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

Policyholder 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

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

Bank Details

Name of Bank / Building Society	
Account Number 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 Declaration & Authority

Signed (Policy	holder)	
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 progres: Visit: petportal.petprotect.co.uk



Return Claim Form to:

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. P3405v2 APR 2025

Policyholder to complete	Claim Details		
When did your pet go missing?	Police Incident or Crime N	No.	
When did you report your pet missing to the \Box	Police Station Address (Re	eported to)	
police? (Only applies to dogs)			
Was your pet found? F Yes No	Police Station Telephone	Number	
If YES, when was your pet found?	Pet Microchip Number		
Please provide details of how your pet went missir	ng, and if found:		
Did you report your pet missing to your local Vet(s)? Yes No When did you report your pet missing to the Veterin DD/MM/YY Name of Veterinary Practice	[the date you registered	ne practice(s) name and address and them missing below. missing to the Veterinary Practice?
Veterinary Practice Telephone Number		Veterinary Practice Telephone N	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		
Cost of advertising Please attach an itemised receipt or bank statement	Your pet's orig Please attach origina	ginal purchase price al purchase receipt	Cost of reward (If any) Please attach a receipt from the finder
3	£		£