

## Please ensure all pages of this claim form are completed by the policyholder

This form is intended for the use of the external claims handlers of our underwriters in connection with a claim against you, actual or anticipated. Please answer each question as fully as possible and return without delay to the address below.

Each time your pet injures someone or damages their property, and you are responsible, we will pay up to the maximum amount as shown on your policy schedule:

- Compensation to them for the injury or damage;
- Their legal costs to claim compensation from you;
- Our legal costs if we defend the claim against you.



We are unable to become involved in a police prosecution

We will not pay compensation or legal costs if the injured person or the damaged property belongs to, is in the custody or control of, or is held in trust by you or a person who:

- Is part of your family;
- Lives at your home;
- Works for you or;
- Is looking after your dog with your permission.

Policyholder to complete	Your Details
Policyholder Name <input type="text"/>	Name of Pet <input type="text"/>
Policy Number <input type="text"/>	Breed of Pet <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Pet's Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Mobile Number <input type="text"/>
	Email Address <input type="text"/> <input type="text"/>

Policyholder to complete	About Your Dog
Policy Number <input type="text"/>	Policy start date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Sex? Male <input type="checkbox"/> Female <input type="checkbox"/>
Dog's Name <input type="text"/>	Breed of Dog <input type="text"/>
Dog's Date of Birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Microchip number <input type="text"/>
When did you acquire your dog? <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Was the other party known to your dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your dog attended any training/obedience classes? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide details: <input type="text"/>
If yes, please provide details: <input type="text"/>	Was your dog on a lead and/or muzzled at the time of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has anyone ever complained about your dog's behaviour or has it ever been aggressive towards another person or animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	

 <b>Making a claim is easy on the Pet Portal</b> Register on the portal to submit claims and track progress Visit: <a href="https://petportal.petprotect.co.uk">petportal.petprotect.co.uk</a>	 <b>Return Claim Form to:</b> Email: <a href="mailto:claims@petprotect.co.uk">claims@petprotect.co.uk</a> Pet Protect, PO Box 7925, Bilston WV1 9TT
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## Policyholder to complete

## Household Insurance

Do you have a household insurance policy? If yes, please provide the name and address of the content insurer and the policy number:

Name of content insurer

Household Insurance Policy Number

Address of Insurer

Postcode

## Policyholder to complete

## About the Accident / Incident

Date of incident

Time of incident (HH:MM)

When was the accident/incident reported to you?

Place of accident/incident:

Who was in charge of the insured dog at the time of the accident/incident?

Full description of accident/incident circumstances. (If you feel a sketch would assist, please use the section on the last page of this form)

Has a claim been made against you? If yes, please attach all details with this form

Yes ☐ No ☐

Was the accident/incident reported to the police?

Yes ☐ No ☐

Do you believe anyone else caused or contributed to the accident/ incident?

Yes ☐ No ☐

If yes, please provide more information:

If so, please provide details below:

Name

Address

Postcode

Station Name

Address

Postcode

Incident Reference Number

Why do you feel this person was to blame?

Policyholder to complete

## Details of the injured party or owner of damaged property

Is the claimant a relative or an employee?

Postcode

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[illegible][illegible]

Policyholder to complete

## Witnesses

Who was present at the time?

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Yes ☐ No ☐

Yes ☐ No ☐

Declararation - please carefully read this declaration and sign below

By signing this form, I declare that the above statements are true and complete to the best of my knowledge and belief. I understand this form is not to be taken as an admission by the Company of any Liability to the insured or to any other person.

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D	D	/	M	M	/	Y	Y
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**Making a claim is easy on the Pet Portal**

Register on the portal to submit claims and track progress  
Visit: [petportal.petprotect.co.uk](https://petportal.petprotect.co.uk)



**Return Claim Form to:**

Email: [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk)  
Pet Protect, PO Box 7925, Bilston WV1 9TT