

# **Travel Benefits 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.



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

| Policyholder   | to complete                                | Your Details   |  |
|--|--|--|--|
| Policyholder Name Policy Number Address Address Policy Number Policy Number Policy Number Policy Number Policy Number Postcode |  |  | Name of Pet         Breed of Pet         D       D       M       Y       Y         Mobile Number         Email Address |
| Policyholder to  | complete                                   | Bank Details   |  |
| into the bank accoun<br>premiums are collect<br>provided alternative b   | ted, unless you have<br>bank details here. | Name of Account Holder          Name of Bank / Building Set         Account Number | ociety       Sort Code       Ociety  |
| Policyholder to What was the total c incurred as a result o  £ Please explain th   | cost Please p                              | Health Certificate K   | sts incurred along with a receipt:<br>ennelling Costs Other<br>Other   |
|  |  |  |  |
| Please also p  |  | espondence or receipts you h<br>ides of this claim forr                            | ave been provided with   |
| Regis  |  | easy on the Pet Pe<br>ubmit claims and track pr<br>t.co.uk                         |  |

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. P3407v2(W) APR 2025

| Policyholder to complete   | Loss of Pet Tr  | avel Documents   |
|--|---|--|
| What was the total costs incurred as a result of the loss?                 | Please provide a breakdown of th<br>Cost of Health Certificate<br>£ | Travel Documents means the<br>Pet Passport, PETS Certificate<br>and/or Certificate for treatment<br>against parasites issued for your<br>pet under the terms of the PETS.  |
| Please provide details of how th   | ne certificate was lost:  |  |
|  |   |  |
| What was the date of your trip? (DD  |   | Please provide details of Veterinary Practice you reported the issue to<br>Name of Veterinary Practice   |
| What date was the health certificate                                       |   | Veterinary Practice Telephone Number       Veterinary Practice Telephone Number       Veterinary Practice Address  |
| Was the document lost or stolen?   |   |  |
| If stolen, did you report this to the F<br>Yes No                          | Police?   |  |
| Please provide details of the Police Station Name and Address              | Police Station you reported the iss                                 |  |
|  |   |  |
| Policyholder to complete   | Emergency E   |  |
| What was the total expense you are<br>£                                    | ng ill/lost?<br>vidence to support this                             | Did you lose your pet abroad?       Yes       No         Did your pet die abroad?       Yes       No         Were additional costs due to your pet becoming ill abroad?         Yes       No       If YES, please complete a Vet Fees Claim Form |
| Additional accommodation cost<br>Provide proof of payment/receipt for<br>£ | or the accommodation charge   | Other Expenses Provide evidence and a breakdown of any expenses incurred £   |

| Policy | /hol | der | to | com | p | lete |
|--------|------|-----|----|-----|---|------|
|        |      |     |    |     |   |      |

### Claim Summary

|   | Claim Summary   |
|---|---|
| 9 | Please explain the reason for the emergency expenses abroad   |
|   | Due to emergency treatment being required:  |
|   | <ul> <li>Please provide the Veterinary Practice contact details that provided the emergency treatment</li> <li>Please also complete a Veterinary Fees Claim Form for the treatment charges</li> <li>Please explain the reason for emergency treatment being required</li> </ul> |
|   | Due to loss of Pet Travel Documents<br>• Please ensure that Section 4 of the Claim Form is completed if you ticked this option  |
|   | Due to your pet becoming lost<br>• Please also complete a Theft & Straying Claim Form if you selected this option   |
|   | Other reason<br>• Please explain and provide any documentary evidence which may assist with the processing of your claim  |
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## **Travel Benefits Claim Form**

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#### Policyholder to complete

#### **Customer Declaration & Authority**

- 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.

| Signed (Policy | holder) |  |
|----------------|---------|--|
|                |         |  |
|                |         |  |
|                |         |  |
| Name Printed   |         |  |
|                |         |  |
|                |         |  |
|                |         |  |
| Date Signed    |         |  |