

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

 - -

Policyholder to complete

Quarantine Costs

What was the total cost incurred as a result of the loss?

£

Please provide a breakdown of the costs incurred along with a receipt:

Cost of Health Certificate

£

Kennelling Costs

£

Other

£

Please explain the reason for the above cost(s) you have incurred

! Please also provide copies of any correspondence or receipts you have been provided with

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



Please explain the reason for the emergency expenses abroad

Due to emergency treatment being required:

- Please provide the Veterinary Practice contact details that provided the emergency treatment
- Please also complete a Veterinary Fees Claim Form for the treatment charges
- Please explain the reason for emergency treatment being required

Due to loss of Pet Travel Documents

- Please ensure that Section 4 of the Claim Form is completed if you ticked this option

Due to your pet becoming lost

- Please also complete a Theft & Straying Claim Form if you selected this option

Other reason

- Please explain and provide any documentary evidence which may assist with the processing of your claim

[illegible]



Travel Benefits Claim Form

Policyholder to complete

- 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.

Customer Declaration & Authority

Signed (Policyholder)

Name Printed

Date Signed

D

D

/

M

M

/

Y

Y