



SCOTTISH
PET INSURANCE

Claim Form

for Pet Travel Insurance

For official use only

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET.

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

We're happy to help!
If you have any questions call us on
0845 070 1028

1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete ABOUT YOUR CLAIM

Under which section(s) are you claiming	Please Tick	About The Form
Emergency vet fees	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 6 & 11
Emergency repatriation	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 7 8 & 11
Advertising and reward	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 9 & 11
Quarantine or loss of documents	<input type="checkbox"/>	Complete Sections 1 2 3 4 5 10 & 11

3. Policyholder to complete ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

Details of any other travel insurance

Policy number | | | | | | | | | |

Company name _____

Address _____

Postcode _____

4. Policyholder to complete ABOUT YOUR PET

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat

Breed _____

Pet's date of birth / / Male Female

PETS certificate number | | | | | | | | | |

Microchip number | | | | | | | | | |

Name of UK veterinary surgery where your pet is registered _____

Address _____

Postcode _____

5. Policyholder to complete ABOUT YOUR JOURNEY

Dates of travel from / / to / /

Country/Countries visited _____

Please attach copy of booking invoice or other relevant documents

MISSING DOCUMENTS WILL DELAY YOUR CLAIM. IF YOU ARE UNABLE TO SEND ANY OF THE DOCUMENTS REQUIRED PLEASE TELL US WHY ON A SEPARATE SHEET OF PAPER.

6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you first noticed your pet was unwell. Your claim will be delayed if this section is incomplete.

Date / /

What were the signs of illness or injury?

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number (inc. dialling code)

What diagnosis did the vet make?

Multiple horizontal lines for text input.

What treatment did the vet recommend?

Multiple horizontal lines for text input.

Please give details of the treatment received

Multiple horizontal lines for text input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

EMERGENCY REPATRIATION - ABOUT THE DEATH OF YOUR PET

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

On what date were you advised the pet could not travel? / /

Give details of additional travel expenses incurred

Amount claimed

Currency

Please give the following details of additional travel expenses

from / / to / /

Amount claimed

Currency

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

FOR YOUR VET TO FILL IN

Name of illness/injury

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Multiple horizontal lines for text input.

On what date did you advise your client the pet could not travel? / /

Signature

X

Date / /

Practice stamp

10. Policyholder to complete **QUARANTINE OR LOSS OF DOCUMENTS CONT.**

Please give the name and address of the quarantine establishment

Name _____

Address _____

Postcode _____

How long was your pet in quarantine?

Please give details of the costs of quarantine

Amount claimed _____

Which documents did you lose to prevent your scheduled return home?

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode _____

Date reported / /

When were they lost? / /

What did you have to do to get duplicate documents?

Please give details of costs in obtaining duplicate documents

Amount _____

Currency _____

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Please give details of travel expenses

Amount claimed _____

Currency _____

Please give details of accommodation expenses


from / / to / /

Amount claimed _____

Currency _____

11. Policyholder to complete **DECLARATION**

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Signature 

Date / /

Please state the number of documents enclosed including this form.

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- If the claim form is being faxed, please retain all original copies of the claim form and receipts.

- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Scottish Pet Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER