



Claim Form for Holiday Cancellation

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.

We're happy to help!
If you have any questions call us on
0345 075 4583

Co-op Insurance,
Great West House (GW2),
Great West Road,
Brentford, Middlesex
TW8 9DX

Please complete using a black pen and block capitals.

1. Policy Number Policyholder to complete

2. About You Policyholder to complete

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

What was the reason for your trip? Business Holiday

3. About your pet Policyholder to complete

Pet's name

Pedigree name

Breed

Is your pet a Dog Cat

Pet's date of birth / / Male Female

Is your pet insured with any other company Yes No

If Yes, please state which company

4. About your holiday Policyholder to complete

Holiday dates from / / to / /

Date booked / /

Destination

Reason for cancellation

Documents required to support claim. Tick if attached, if not attached please explain why on a separate piece of paper.

Booking invoice Cancellation invoice Receipts

Travel and accommodation expenses claimed

A

Amount claimed £

B

Amount claimed £

C

Amount claimed £

Total amount claimed in words (£ only)

Total amount claimed in figures £

5. Payee details Policyholder to complete

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

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

Please sign here

6. Details of surgery Vet to complete

Condition _____

Date of onset / / _____


Surgery carried out _____

Date of surgery / / _____

Date client was advised surgery required / / _____

Was it emergency life saving surgery? Yes No

Practice stamp (if applicable) _____

Signature 

Date / / _____

To ensure this claim is dealt with quickly please note your Practice number here.

Practice no

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Important Notes

- The insurance is provided by Allianz Insurance plc.
- Please ensure you retain a copy of this claim form and any receipts for your records.

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

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Incomplete Claim Forms Will Be Returned To The Policyholder