

Claim Form for loss by theft or straying, advertising and reward

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

0345 075 4583

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

1. Policy Number Policyholder to complete

--	--	--	--	--	--	--	--	--	--	--

2. About You Policyholder to complete

Policyholder name _____

Daytime telephone no _____

Email address _____

Policyholder address _____

Postcode _____

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

A. When did you first notice the animal was missing?
(A claim cannot be submitted until 30 days have elapsed)

Date / / Time _____

Place _____

B. Where and when was the animal last seen?

Date / / Time _____

Place _____

C. If the animal has been recovered, please state

Date / / Time _____

Place _____

3. About your animal Policyholder to complete

Microchip number _____

Your animal's pet name _____

Pedigree name _____

Animal's date of birth / /

Dog Cat Male Female

Breed _____

Is your animal insured with any other company? Yes No

If Yes, please state which company _____

Where did you purchase your animal? _____

Date of purchase / /

Original purchase price: £ _____

Value immediately prior to the loss _____

£ _____

A. Please advise circumstances of loss (continue overleaf if necessary)

B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)

Name _____

Address _____

Postcode _____

Telephone no (incl. STD) _____

Date reported / /

Police report no _____

C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)

Name _____

Address _____

Postcode _____

Telephone no (incl. STD) _____

Date reported / /

4. Advertising and reward Policyholder to complete

A. Are you claiming for advertising? Yes No

If Yes, please give full details

Please state amount £

B. Have you paid a reward? Yes No

Was the reward agreed in advance with Co-op Insurance? Yes No

Please state amount £

Please attach written confirmation from the person who received the reward.

5. Documentation Policyholder to complete

Documents required in support of this claim:

If you are claiming for the purchase price of your animal, please include only original documents Please tick if enclosed

Dogs and Cats

- Purchase receipt
- Pedigree certificate
- Kennel Club/G.C.C.F registration

N.B. In cases where a missing animal is recovered subsequent to payment of a claim the claimant agrees to reimburse Allianz Insurance plc the full amount received in respect of their claim.

Please circle the number of documents enclosed **including** this form

1 2 3 4 5 6 7 8

- Any other relevant documents
- Receipts to support advertising expenses (If applicable)
- Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)
- Written confirmation of loss by the police (for dog) or by a vet (for cat). If written confirmation cannot be provided an official police/vet stamp and other information requested will be required in **SECTION 7** below


If unable to send any of these documents please offer explanation on a separate sheet of paper.

6. Payee details Policyholder to complete

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

Are you happy for Allianz Insurance plc to provide the veterinary practice identified on this form with information about your policy in respect of this claim? Yes No

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 

7. Declaration Reporting officer/vet to complete


Please ensure this section is completed and stamped

Date reported / /

Police registration no (if applicable)

I confirm that the loss of the above animal has been reported

Signature of reporting officer or vet



Date reported / /

Practice stamp (if applicable)

Circumstances of loss (continued)

Police/vet practices contacted (continued)

Please continue on a separate sheet if necessary

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.

Co-op Insurance is a trading name of CIS General Insurance Limited; registered in England and Wales with registration number 29999R. Registered office: CIS Building, Miller Street, Manchester M60 0AL. CIS General Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under register number 435022.

Pet Insurance from Co-op Insurance is provided, underwritten and administered by Allianz Insurance plc. Registered in England and Wales under company number 00084638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under register number 121849. CIS General Insurance Limited is not part of the Allianz (UK) Group.

Incomplete Claim Forms Will Be Returned To The Policyholder