

5. About Your Journey Policyholder to complete

Dates of travel from / / to / /

Country/Countries visited

Please attach copy of booking invoice or other relevant documents

6. Emergency Vet Fees Policyholder to complete

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?

What diagnosis did the vet make?

What treatment did the vet recommend?

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)

Please give details of the treatment received

Total amount claimed

Currency

Please attach copies of all receipts

7. Emergency Repatriation - About The Death of Your Pet Policyholder to complete

On what date did your pet die? / /

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

Currency

Please attach copies of all receipts

8. Emergency Repatriation Policyholder to complete

Why was your pet unable to 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

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

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

Date first clinical signs were noticed / /

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

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

Signature 

Date / /

Practice stamp

9. Loss of Pet – Advertising & Reward Policyholder to complete

When did you first notice the pet was missing?

Date / /

Time

Place

Where and when was the pet last seen?

Date / /

Time

Place

If the pet was recovered please state

Date / /

Time

Place

Please advise circumstances of loss

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

Name

Address

Postcode

Did you make enquiries or advertise for information? Yes No

If yes, please give full details and attach receipts

Amount

Currency

Did you pay a reward? Yes No

Amount

Currency

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Quarantine or Loss of Documents Policyholder to complete

Why was your pet not allowed back into the UK?

Please give details of the type of microchip carried by your pet

10. Quarantine or Loss of Documents Cont. Policyholder to complete

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. Declaration Policyholder to complete

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 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.

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Incomplete Claim Forms Will Be Returned To The Policyholder