

Electronic Claim Authorisation Form



Please complete using a black pen and block capitals.

If you are submitting a continuation claim,
only complete the shaded boxes marked with a **C**

We're happy to help!

If you have any questions call us on

0345 075 4583

Lines open 8am-8pm Mon-Fri and 9am-1pm Saturday

1. About you and your pet Policyholder to complete

Policyholder's Name

C

Home Address

Postcode

Policy Number

C

Home Tel Number

Mobile Tel Number

Email Address

(Required to process claims payments)

Pet's Name

C

2. Details of your pet's illness/injury Policyholder to complete

What illness, injury or behavioural disorder are you claiming the cost of treatment for?

Condition 1

C

Condition 2 (If relevant)

C

When did you first notice your pet was injured, unwell or acting strangely?

Condition 1 DD / MM / YY

Condition 2 (If relevant) DD / MM / YY

Did the illness or injury result in the death of your pet?

Yes

No

If yes, date of death DD / MM / YY

3. Payee details Policyholder to complete

Co-op Pet Insurance is provided, underwritten and administered by Allianz Insurance plc. By signing this form I authorise Allianz Insurance plc to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Allianz Insurance plc with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge. I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void.

Please tell us who to pay and sign the adjacent box to confirm you agree with this declaration.

Please pay me Please pay vet

Signature

X

C

Date DD / MM / YY

Please hand back to your veterinary practice once completed.