

Claim Form for Death

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 Services,
Great West House (GW2),
Great West Road,
Brentford, Middlesex
TW8 9DX

1. Policy Number Policyholder to complete

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2. About You Policyholder to complete

Policyholder's name _____

Daytime telephone no _____

Email address _____

(Required to process claims payments)

Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

3. About your pet Policyholder to complete

Will you be seeking a refund of the purchase price from the seller of your pet? Yes No

Pet's name _____

Pedigree name _____

Breed _____

Is your pet a Dog Cat

Pet's date of birth / / Male Female

Which policy plan do you have? _____

Is your pet insured with any other company? Yes No

If Yes, please state which company _____

Where did you purchase your pet? _____

Date of purchase / /

Seller's name Mr/Mrs/Ms _____ Initial _____

Address _____

Postcode _____

Amount claimed £ -

Original purchase price £ -

4. Death from illness Policyholder to complete

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with your veterinary practice / /

Date of death / /

Cause of death _____

5. Death from injury caused by an accident Policyholder to complete

Date of injury / /

Date of death / /

Cause of death _____

Full circumstances of the accident, please continue on a separate sheet if necessary

6. Documentation Policyholder to complete

Documents required in support of a claim.

If you are unable to send all documents please offer an explanation on a separate sheet of paper (please ensure all supporting documentation is submitted to avoid the claim being delayed). Photocopies are acceptable for A & B. However, if required we will ask for original documents to be sent in.

Please tick relevant box to indicate document attached

A. Proof of purchase (such as a receipt)

B. Pedigree certificate and Kennel Club registration

C. Certificate signed by the vet stating the date and cause of death (not required if supported by a claim for veterinary fees)

7. Payee details Policyholder to complete

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.

If you do not pay by Direct Debit, Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

Please sign here 

Print name

Date / /

By signing this form I authorise Allianz Insurance to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Allianz Insurance 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.

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 Services, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

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Pet Insurance from Co-op Insurance Services 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. Co-op Insurance Services Limited is not part of the Allianz (UK) Group.

Incomplete Claim Forms Will Be Returned To The Policyholder

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