

For official use only



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.

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.

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

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 **X**

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.

6. Details of treatment Vet to complete

Condition _____

Date of onset / / _____


Treatment carried out _____

Date of treatment / / _____

Date client was advised treatment required / / _____

Was it emergency life saving treatment? Yes No

Practice stamp (if applicable) _____

Signature  _____

Date / / _____

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

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

Co-op Insurance Services is a trading name of Co-op Insurance Services Limited; registered in England and Wales with registration number 4390. Registered office; CIS Building, Miller Street, Manchester, M60 0AL. Co-op Insurance Services Limited is Authorised and Regulated by the Financial Conduct Authority under register number 779364.

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