

For official use only



# 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 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 name \_\_\_\_\_

Daytime telephone no \_\_\_\_\_

Email address \_\_\_\_\_

(Required to process claims payments)

Policyholder 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.

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

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

B. Where and when was your pet last seen?

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

C. If your pet has been recovered, please state

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

## 3. About your pet Policyholder to complete

Your pet's name \_\_\_\_\_

Pedigree name \_\_\_\_\_

Pet's date of birth / / \_\_\_\_\_

Microchip number \_\_\_\_\_

Dog  Cat  Male  Female

Breed \_\_\_\_\_

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 / / \_\_\_\_\_

Original purchase price: £ \_\_\_\_\_

Value immediately prior to the loss

£ \_\_\_\_\_

A. Please advise circumstances of loss  
(Please continue on a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Please tell us the details of the police station the theft of your pet was reported to: (Please continue on a separate sheet 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 pet was reported to: (Please continue on a separate sheet 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

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Please state amount £

B. Have you paid a reward? Yes  No

Was the reward agreed in advance with Co-op Insurance Services? 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 pet, 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 pet is recovered subsequent to payment of a claim the claimant agrees to reimburse Allianz Insurance 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

##### 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.

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

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 the 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.

#### 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 pet has been reported

Signature of reporting officer or vet



Date reported / /

Practice stamp (if applicable)

#### 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**