

For official use only



Claim Form for Pet Travel Insurance

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

2. About Your Claim Policyholder to complete

| Under which section(s) are you claiming | Please Tick | About The Form |
|---|--------------------------|--|
| Emergency vet fees | <input type="checkbox"/> | Complete Sections 1 2 3 4 5 6 & 11 |
| Emergency repatriation | <input type="checkbox"/> | Complete Sections 1 2 3 4 5 7 8 & 11 |
| Advertising and reward | <input type="checkbox"/> | Complete Sections 1 2 3 4 5 9 & 11 |
| Quarantine or loss of documents | <input type="checkbox"/> | Complete Sections 1 2 3 4 5 10 & 11 |

3. 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.

Details of any other travel insurance

Policy number | | | | | | | | | |

Company name _____

Address _____

Postcode _____

4. About Your Pet Policyholder to complete

Pet's name _____

Pedigree name _____

Is your pet a Dog Cat

Breed _____

Pet's date of birth / / Male Female

PETS certificate number | | | | | | | | | |

Microchip number | | | | | | | | | |

Name of UK veterinary surgery where your pet is registered _____

Address _____

Postcode _____

Missing documents will delay your claim. If you are unable to send any of the documents required please tell us why on a separate sheet of paper.

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 / /

Please give details of the treatment received

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number (inc. dialling code)

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 **X** _____
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

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 state the number of documents enclosed including this form.

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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Incomplete Claim Forms Will Be Returned To The Policyholder