

Claim Form

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

For veterinary fee only claims please complete sections 1, 2, 3a (3b & 3c if more than one animal), 5 & 6 only. For loss of boarding fees claims please complete all sections.

Please return this form to:

Brooks Braithwaite, 4 Bridge Road Business Park, Bridge Road,
Haywards Heath, West Sussex RH16 1TX

You should keep copies of all correspondence sent with this form.

We will not return any documents sent to us.

We're happy to help!

If you have any questions please do not hesitate to contact us

0345 070 1064

claims@petplansanctuary.com

1. Policyholder to complete **POLICY NUMBER** | | | | | | | | | |

2. Policyholder to complete **ABOUT YOU**

Mr/Mrs/Ms/Miss Full name _____
Daytime telephone no _____
Mobile telephone no _____
Email address _____

Policyholder's address _____

Postcode _____
VAT registered (including flat rate)? Yes No

3a. Policyholder to complete **FIRST ANIMAL**

Animal name _____
Animal age Years Months
Gender Male Female
Type of animal Dog Cat Small mammal Other
Description (breed, etc) _____
Owner's name _____
Owner's address _____
Postcode _____

Animal's usual Vets Practice _____
Telephone no _____
Date animal in your care from / /
Date animal in your care until / /
Details of condition the animal is suffering from _____

Total amount claimed £ . p

In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.

3b. Policyholder to complete **SECOND ANIMAL**

Animal name _____
Animal age Years Months
Gender Male Female
Type of animal Dog Cat Small mammal Other
Description (breed, etc) _____
Owner's name _____
Owner's address _____
Postcode _____

Animal's usual Vets Practice _____
Telephone no _____
Date animal in your care from / /
Date animal in your care until / /
Details of condition the animal is suffering from _____

Total amount claimed £ . p

In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.

3c. Policyholder to complete

THIRD ANIMAL

Animal's usual Vets Practice

Animal name

Animal age

Years

Months

Gender

Male

Female

Type of animal

Dog

Cat

Small mammal

Other

Description (breed, etc)

Owner's name

Owner's address

Postcode

Telephone no

Date animal in your care from

/

/

Date animal in your care until

/

/

Details of condition the animal is suffering from

Total amount claimed £ . p

In the event of death/theft/loss a letter from the animal owner is required. Payment will be made payable to the owner. Please refer to Policy Terms and Conditions.

4. Policyholder to complete

BOARDING FEES

Loss, death and theft claims only

Do you wish to claim for boarding fees?

Yes

No

Number of days claimed

Name of animal(s) as stated in section 3

Daily boarding rate

£

.

p

Total amount of claim

£

.

p

5. Policyholder to complete

CHECKLIST OF INFORMATION
REQUIRED (all types of claim)

Please complete the relevant checklist to ensure that everything needed to complete the claim is enclosed.

1. Copies of boarding contract(s).
2. For veterinary fee claims detailed invoice(s) from vet(s).
3. For death/theft/loss claims pedigree papers or purchase receipt.

6. Policyholder to complete

DECLARATION, SIGNATURE
& PAYEE

PLEASE TICK WHO YOU WOULD LIKE US TO PAY

Policyholder

Your Business

Vet

Owner

Other

Please read carefully before signing

The above named animal(s) is/was in my/our care. I confirm that all the facts given are true to the best of my/our knowledge and belief. I/We understand that the owner(s) of the animal(s), the vet(s) and any other third party whom is/are believed to hold information relevant to this claim may be contacted. I/We understand that the issue of this claim form is in no way an admission of liability by the Insurers.

Signature of insured

X

Print name

Date

/

/

For office use only.