

6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Multiple horizontal lines for text input.

Postcode

Telephone number

What diagnosis did the vet make?

Multiple horizontal lines for text input.

What treatment did the vet recommend?

Multiple horizontal lines for text input.

Give details of the treatment received

Multiple horizontal lines for text input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

Multiple horizontal lines for text input.

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice

FOR YOUR VET TO FILL IN

Illness or injury

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Multiple horizontal lines for text input.

What date was your client advised the pet could not travel? / /

Signature

X

Date / /

Practice stamp

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

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

Give details of costs in obtaining replacement 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? / /

Give details of travel expenses

Amount claimed

Currency

Give details of accommodation expenses

from / / to / /

Amount claimed

Currency

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / /

Time of incident

Location

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead?

Yes

No

Describe your pet's usual nature

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Make of vehicle

Model

Registration

Drivers name

Address

Postcode

Name of insurance company of damaged vehicle

Address

Postcode

Describe the damage to the vehicle

What were the road/weather conditions at the time of the incident?

How good was visibility?

How wide was this stretch of road?

What speed limit applies to the road where the incident happened?

Property damage: Name and address of property owner

Name

Address

Postcode

What is the age of the damaged property?

What is the value of the damaged property?

Please describe the property and the damage to it

Police details:

Were the police involved or have they been told about the incident? Yes No

Police Station name

Police Station address

Postcode

Police officer's number

Police reference

Have you received any claim in writing about this incident? Yes No

If yes, please attach all documents. YOU MUST NOT ANSWER ANY OF THESE

Please give details of all your previous third party liability claims

Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs

12. Policyholder to complete

DECLARATION

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

Signature X
Date / /

Please state the number of documents enclosed including this form.

Number of documents enclosed

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
If the claim form is being faxed, please retain all original copies of the claim form and receipts.

- Please use a separate claim form for each pet.
Please send completed forms, including copies of all receipts to: yesinsurance.co.uk pet insurance Customer Centre, Great West House (GW2), Great West Road, Brentford TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER