

Claim Form for Loss by Theft or Straying, Advertising and Reward

PLEASE COMPLETE A SEPARATE FORM FOR EACH ANIMAL
N.B. Issue of this form does not constitute admission of liability on the part of the Insurers
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help! **0845 072 8899** Horse
If you have any questions call us on **0845 071 8000** Small animal

1. Policyholder to complete POLICY NUMBER

2. Policyholder to complete ABOUT YOU

Policyholder name _____

Daytime telephone no _____

Email address _____

Policyholder address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

A. When did you first notice the animal was missing?
(A claim cannot be submitted in respect of a small animal until 30 days have elapsed, loss of a horse requires immediate notification)

Date / / Time _____

Place _____

B. Where and when was the animal last seen?

Date / / Time _____

Place _____

C. If the animal has been recovered, please state

Date / / Time _____

Place _____

3. Policyholder to complete ABOUT YOUR ANIMAL

Your animal's pet/stable name _____

Pedigree name _____

Animal's date of birth / /

Dog Cat Rabbit Male Female

Horse S G M

Breed _____

Which policy plan do you have? _____

Is your animal insured with any other company? Yes No

If Yes, please state which company _____

Where did you purchase your animal?
Date of purchase / /

Original purchase price: £ -

Value immediately prior to the loss (for horse/animal covered by a Show Breeder policy)
£ -

B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf 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 animal was reported to: (continue overleaf if necessary)

Name _____

Address _____

Postcode _____

Telephone no (incl. STD) _____

Date reported / /

A. Please advise circumstances of loss (continue overleaf if necessary)

4. Policyholder to complete ADVERTISING AND REWARD

A. Are you claiming for advertising? Yes No

If Yes, please give full details _____

Please state amount £ -

B. Have you paid a reward? Yes No

Was the reward agreed in advance with Petplan? Yes No

Please state amount £ -

Please attach written confirmation from the person who received the reward.

