

Claim Form for Personal Accident

Please tick appropriate section being claimed

Personal Accident **Dental**

PLEASE COMPLETE A SEPARATE FORM FOR EACH ANIMAL
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

We're happy to help!

If you have any questions call us on

0845 074 4408 Horse

0845 074 4406 Dog/Cat

1. Policyholder to complete

ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

Policyholder's address _____

Postcode _____

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

Payment cheques can be made out to the injured person
If this is not the policyholder please sign as authorisation

Signature

X

Date / /

2. Policyholder to complete

ABOUT YOUR ANIMAL

Certificate number | | | | | | | | | |

Your animal's pet/stable name _____

Dog Cat Horse

Do you own this animal? Yes No

If **no**, enter the owner's details here

Owner's name _____

Owner's address _____

Postcode _____

3. Policyholder to complete

ACCIDENT DETAILS

Please give details of the person injured

Mr/Mrs/Ms/Miss Surname _____ Initial _____

Address _____

Postcode _____

Date of birth _____

Occupation _____

Date of accident / /

For what purpose was the animal being used at the time the accident occurred?

Please give full details of the injuries

(Please continue on a separate sheet if necessary)

Was the injured person riding, handling or leading the animal? Yes No

How did the accident happen?

(Please continue on a separate sheet if necessary)

Horses only: Was the injured person wearing an approved riding hat at the time the accident occurred? Yes No

British Standard number _____

4. Policyholder to complete

CLAIM DETAILS

Please tell us which benefit you are claiming for (see relevant table of benefits in your policy Terms and Conditions)

For dental claims only, please state the amount you are claiming

£ -

Please note: Original invoices should be attached for dental claims

Do you wish to have the cheque(s) made payable to the injured person? Yes No

5. Policyholder(s) to complete

DECLARATION

I/We declare that all the information I/we have given is true and complete

Signature of the policyholder(s)

X

Date / /

X

Date / /

I confirm that Petplan may have all reasonable access to my medical records

Signature of the injured person

X

Date / /

IMPORTANT NOTES

- Pet Plan Ltd administers the policy on behalf of Allianz Insurance plc who underwrites the policy
- If the claim is being faxed, please retain all the original copies of the claim form and receipts

- Please use one claim form per animal
- Please include all required documentation, including original invoices
- Please send completed claim form to:

Petplan, FREEPOST SEA 0883, Brentford, TW8 9YY or fax: 01453 529 191

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER
PLEASE NOW PASS THIS FORM TO YOUR DOCTOR OR DENTIST

continued overleaf

