

Pet Claim Form

If your pet goes missing or is stolen

Send your completed claim to claimform@animalfriends.co.uk

If you have any questions, you can call **0344 557 0300**

**animal
Friends**
Pet Insurance

1. ABOUT YOU

Policy number:

Policyholder's name:

Contact number:

Email address:

Policyholder's address & postcode:

2. ABOUT YOUR PET

Pet's name:

Pet's breed:

Pedigree name (if applicable):

When did you get your pet?:

D	D	M	M	Y	Y	Y	Y
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How much did you pay or donate for your pet?:

£

Pet's date of birth:

D	D	M	M	Y	Y	Y	Y
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Male: Female:

Was your pet a rescue? Yes: No:

If your pet is microchipped please provide the number:

Do you have your proof of how much you paid for your pet? Yes: No:

We need your vet's details so that we can ask them for your pet's full medical history.

Current vet practice name/branch and phone number:

Previous vet practice name/branch and phone number:

The amount we can pay is based on what you paid and the age of your pet.
If you didn't pay or donate any money for your pet, you won't be able to claim under this benefit.
We cannot pay for the loss of a dog if they are not microchipped.

3. CLAIM DETAILS : IF YOUR PET GOES MISSING OR IS STOLEN

When did your pet go missing?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your vet?

D	D	M	M	Y	Y	Y	Y
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What date did you report your pet missing to your microchip company or rescue centre?

D	D	M	M	Y	Y	Y	Y
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Microchip company/Rescue centre name:

Microchip company/ Rescue centre phone number:

For advertising and/or reward costs please tell us how much you are claiming:

£

4. SUPPORTING INFORMATION

Please include with your claim form:

- A copy of your pet's proof of purchase.
- An explanation of how your pet went missing on a separate sheet, including:
 - Where they went missing from.
 - Who was looking after your pet when they went missing and their relationship to you.
 - How the pet escaped, if applicable.
- If applicable, receipts for advertising costs.
- If applicable, proof of reward payment, including who the reward was paid to.
- Crime Reference number if applicable.

5. SENDING US YOUR CLAIM

Please send us your fully completed claim form. We aim to process your claim within 2 working days following receipt of all required information.

Please make sure you:

- Complete and sign the claim form.
- Include all supporting information.
- Keep copies of the documents you send for your records.

The completed form and documents should be sent to claimform@animalfriends.co.uk or posted to **Animal Friends House, 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA**

6. YOUR DECLARATION

I confirm that the information I have provided is correct and that the documents I have provided are exact copies of the originals. I also confirm that there is no other insurance that would cover this claim.

I agree that Animal Friends Insurance can talk with any vet, professional or individual that may be involved with this claim.

Print name:

Please sign here:

Date:

D	D	M	M	Y	Y	Y	Y
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Claims will be paid into the account that your **Direct Debit** is collected from. If you pay your premium annually please provide the bank account details you would like us to use:

Account holder's name:

Account Number:

Sort Code:

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