

# Claim Form

## for Holiday Cancellation

For official use only

**PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET**  
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

**We're happy to help!**  
If you have any questions call us on  
**0345 070 3429**

**1. Policyholder to complete** POLICY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**2. Policyholder to complete** ABOUT YOU

Policyholder's name \_\_\_\_\_

Daytime telephone no \_\_\_\_\_

Email address \_\_\_\_\_

Policyholder's address \_\_\_\_\_

Postcode \_\_\_\_\_

What was the reason for your trip Business  Holiday

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

**3. Policyholder to complete** ABOUT YOUR PET

Pet's name \_\_\_\_\_

Pedigree name \_\_\_\_\_

Is your pet a Dog  Cat

Breed \_\_\_\_\_

Pet's date of birth / / Male  Female

Is your pet insured with any other company? Yes  No

If Yes, please state which company \_\_\_\_\_

**4. Policyholder to complete** ABOUT YOUR HOLIDAY

Holiday dates from / / to / /

Date booked \_\_\_\_\_

Destination \_\_\_\_\_

Reason for cancellation \_\_\_\_\_

Documents required to support claim. Tick if attached, if not attached please explain why on a separate piece of paper.

Booking invoice  Cancellation invoice  Receipts

Travel and accommodation expenses claimed

**A.** \_\_\_\_\_

Amount claimed £ -

**B.** \_\_\_\_\_

Amount claimed £ -

**C.** \_\_\_\_\_

Amount claimed £ -


Total amount claimed in words (£ only) \_\_\_\_\_

Total amount claimed in figures £ -

**5. Policyholder to complete** PAYEE DETAILS

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

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

Please sign here 


**6. Vet to complete** DETAILS OF SURGERY

Condition \_\_\_\_\_

Date of onset / /

Surgery carried out \_\_\_\_\_

Date of surgery / /

Signature  Date / /

Date client was advised surgery required / /

Was it emergency life saving surgery? Yes  No

Practice stamp (if applicable) \_\_\_\_\_

To ensure this claim is dealt with quickly please note your Practice number here.

Practice no \_\_\_\_\_

**IMPORTANT NOTES**

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, PO Box 224, Huddersfield, HD8 1FS.

Animalcare Options Insurance from Animalcare Limited is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animalcare Ltd is not part of the Allianz (UK) Group.

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER** 7938/5 05.23