

Pet Claim Form

IF Your Pet Dies Or Is Put To Sleep

Send your completed form to claimform@animalfriends.co.uk
If you have any questions, you can call **0344 557 0300**



Insurance
brought to
you by...



1. ABOUT YOU

Policy number:

Policyholder's address & postcode:

Policyholder's name:

Contact number:

Email address:

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	Y
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Was your pet a rescue?

Yes: No:

Pet's date of birth:

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

3. CLAIM DETAILS

When did your pet pass away?

D	D	M	M	Y	Y	Y	Y	Y
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How did your pet pass away?

If your pet died in an accident please explain how this happened on a separate piece of paper.

If your pet was ill, what date did you first notice they were unwell?

D	D	M	M	Y	Y	Y	Y	Y
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Total cost of cremation/burial (inc. VAT):

£

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

Current vet practice/branch and phone number:

Previous vet practice/branch and phone number:

4. SUPPORTING INFORMATION

Please include with your claim form:

- A. A copy of your receipt for cremation.
- B. If applicable your series of events surrounding the accident.

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.

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	Y
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Claims will be paid into the account that your Direct Debit is collected from.

If you paid for 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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