

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

We're happy to help!
If you have any questions call us on
0845 026 4236

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS

1. Policyholder to complete POLICY NUMBER

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

2. Policyholder to complete ABOUT YOU

Policyholder's name _____

Daytime telephone no _____

Email address _____

What was the reason for your trip Business Holiday

Policyholder's address _____

Postcode _____

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

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 X

6. Vet to complete

Condition _____

Date of onset / /

Surgery carried out _____

Date of surgery / /

Signature X _____

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.
- If the claim form is being faxed, please retain all original copies of the claim form and receipts.
- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Cornhill Direct Pet Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER