

Pet Claim Form

If Your Pet Has Died

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

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

**animal
Friends**
Pet Insurance

We are sorry for the loss of your beloved pet, we understand that this will be a very difficult time for you.

1. ABOUT YOU

Policy number:

Policyholder's first line of address:

Policyholder's name:

Contact number:

Policyholder's postcode:

Email address:

2. ABOUT YOUR PET

Pet's name:

When did you
get your pet?

D	D	M	M	Y	Y	Y	Y

Pet's breed:

How much did you pay or donate for your pet?

Pet's date
of birth:

D	D	M	M	Y	Y	Y	Y

£

Male:

☐

Female:

☐

The amount we can pay is based on what you paid for 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.

3. CLAIM DETAILS

When did your pet pass away?

D	D	M	M	Y	Y	Y	Y

How did your pet pass away?

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

D	D	M	M	Y	Y	Y	Y

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. Proof of how much you paid/donated for your pet.

This could be a receipt, bank statement or any correspondence confirming payment/donation.

B. If your pet died in an accident, please tell us how the accident happened on a separate sheet.

5. SENDING US YOUR CLAIM

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.

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

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:

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Sort Code:

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