

# Loss, Theft and Straying Claim Form



**Making a claim is easy on the Pet Portal**

Register on the portal to submit claims and track progress

Visit: [petportal.petprotect.co.uk](http://petportal.petprotect.co.uk)

## Before filling in this form, please:



- 1 Ensure that all claims are supported by fully itemised receipts or invoices and return to Pet Protect as soon as possible, to [claims@petprotect.co.uk](mailto:claims@petprotect.co.uk) or to the address provided at the bottom of the page.
- 2 Check that all details above are correct. Please amend where appropriate.
- 3 Read your Policy and Certificate of Insurance to check that you are covered.

|   |   |
|---|---|
| <b>Policyholder to complete</b>   | <b>Your Details</b>   |
| <p>Policyholder Name</p> <input type="text"/>                                       | <p>Name of Pet</p> <input type="text"/>   |
| <p>Policy Number</p> <input type="text"/>   | <p>Breed of Pet</p> <input type="text"/>  |
| <p>Address</p> <input type="text"/><br><input type="text"/><br><input type="text"/> | <p>Pet's Date of Birth</p> <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <p>Postcode</p> <input type="text"/>  | <p>Mobile Number</p> <input type="text"/>   |
|   | <p>Email Address</p> <input type="text"/><br><input type="text"/>                             |

|  |   |
|--|---|
| <b>Policyholder to complete</b>  | <b>Bank Details</b>   |
| <p>We will, wherever possible, make payments into the bank account from which your premiums are collected, unless you have provided alternative bank details here.</p> | <p>Name of Account Holder</p> <input type="text"/>                                  |
|  | <p>Name of Bank / Building Society</p> <input type="text"/>                         |
|  | <p>Account Number</p> <input type="text"/>  |
|  | <p>Sort Code</p> <input type="text"/> - <input type="text"/> - <input type="text"/> |

|  |   |
|--|---|
| <b>Policyholder to complete</b>  | <b>Customer Declaration &amp; Authority</b>   |
| <p>I confirm that the details given on this claim form are correct to the best of my knowledge and belief. I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.</p> | <p>Signed (Policyholder)</p> <input type="text"/>                                     |
|  | <p>Name Printed</p> <input type="text"/>  |
|  | <p>Date Signed</p> <input type="text"/> / <input type="text"/> / <input type="text"/> |

**Both sides of this claim form must be completed**

|   |  |
|---|--|
|  <p><b>Making a claim is easy on the Pet Portal</b><br/>         Register on the portal to submit claims and track progress<br/>         Visit: <a href="http://petportal.petprotect.co.uk">petportal.petprotect.co.uk</a></p> |  <p><b>Return Claim Form to:</b><br/>         Email: <a href="mailto:claims@petprotect.co.uk">claims@petprotect.co.uk</a><br/>         Pet Protect, Pinnacle House, A1 Barnet Way,<br/>         Borehamwood, Hertfordshire WD6 2XX</p> |
|---|--|

**Policyholder to complete**

**Claim Details**

When did your pet go missing?

DD / MM / YY

When did you report your pet missing to the police? (Only applies to dogs)

DD / MM / YY

Was your pet found?

Yes  No

If YES, when was your pet found?

DD / MM / YY

Police Incident or Crime No.

[Grid for Police Incident or Crime No.]

Police Station Address (Reported to)

[Grid for Police Station Address]

Police Station Telephone Number

[Grid for Police Station Telephone Number]

Pet Microchip Number

[Grid for Pet Microchip Number]

Please provide details of how your pet went missing, and if found:

[Dotted lines for text entry]

Did you report your pet missing to your local Vet(s)?

Yes  No



If YES, please provide the practice(s) name and address and the date you registered them missing below.

When did you report your pet missing to the Veterinary Practice?

DD / MM / YY

Name of Veterinary Practice

[Grid for Name of Veterinary Practice]

Veterinary Practice Telephone Number

[Grid for Veterinary Practice Telephone Number]

Address

[Grid for Address]

When did you report your pet missing to the Veterinary Practice?

DD / MM / YY

Name of Veterinary Practice

[Grid for Name of Veterinary Practice]

Veterinary Practice Telephone Number

[Grid for Veterinary Practice Telephone Number]

Address

[Grid for Address]

**Policyholder to complete**

**Finder's Details**

Who found your pet?

Name of Finder

[Grid for Name of Finder]

Finder's Telephone Number

[Grid for Finder's Telephone Number]

Finder's Address

[Grid for Finder's Address]

**Policyholder to complete**

**Costs**

Cost of advertising

Please attach an itemised receipt or bank statement

£ [Grid for Cost of Advertising]

Your pet's original purchase price

Please attach original purchase receipt

£ [Grid for Original Purchase Price]

Cost of reward (if any)

Please attach a receipt from the finder

£ [Grid for Cost of Reward]



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