



# Claim Form

## for Loss by Theft or Straying, Advertising and Reward

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 1986**

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

**1. Policyholder to complete** POLICY NUMBER

**2. Policyholder to complete** ABOUT YOU

Policyholder name \_\_\_\_\_

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

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

Policyholder address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

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

**A. When did you first notice the animal was missing?**  
(A claim cannot be submitted until 30 days have elapsed)

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

**B. Where and when was the animal last seen?**

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

**C. If the animal has been recovered, please state**

Date / / Time \_\_\_\_\_

Place \_\_\_\_\_

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

Your animal's pet name \_\_\_\_\_

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

Animal's date of birth / /

Dog  Cat  Male  Female

Breed \_\_\_\_\_

Is your animal insured with any other company? Yes  No

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

Where did you purchase your animal?

Date of purchase / /

Original purchase price: £ -

Value immediately prior to the loss

£ -

**A. Please advise circumstances of loss (continue overleaf if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Please tell us the details of the police station the theft of your animal was reported to: (continue overleaf if necessary)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no (incl. STD) \_\_\_\_\_

Date reported / /

Police report no \_\_\_\_\_

**C. Please tell us the details of all the vet practices the loss of your animal was reported to: (continue overleaf if necessary)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no (incl. STD) \_\_\_\_\_

Date reported / /

**4. Policyholder to complete** ADVERTISING AND REWARD

**A. Are you claiming for advertising?** Yes  No

If Yes, please give full details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state amount £ -

**B. Have you paid a reward?** Yes  No

Was the reward agreed in advance with KBIS Pet Insurance? Yes  No

Please state amount £ -

Please attach written confirmation from the person who received the reward.

**5. Policyholder to complete**

DOCUMENTS REQUIRED IN SUPPORT OF THIS CLAIM:  
**IF YOU ARE CLAIMING FOR THE PURCHASE PRICE OF YOUR ANIMAL, PLEASE INCLUDE ONLY ORIGINAL DOCUMENTS** Please tick if enclosed

**DOGS AND CATS**

- Purchase receipt
- Pedigree certificate
- Kennel Club/G.C.C.F registration

- Any other relevant documents
- Receipts to support advertising expenses (If applicable)
- Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)
- Written confirmation of loss by the police (for dog) or by a vet (for cat). If written confirmation cannot be provided an official police/vet stamp and other information requested will be required in **SECTION 7** below

**N.B.** In cases where a missing animal is recovered subsequent to payment of a claim the claimant agrees to reimburse Cornhill Direct Pet Insurance the full amount received in respect of their claim.


**If unable to send any of these documents please offer explanation on a separate sheet of paper.** Please circle the number of documents enclosed **including** this form 1 2 3 4 5 6 7 8

**6. Policyholder to complete**

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

Are you happy for KBIS Pet Insurance to provide the veterinary practice identified on this form with information about your policy in respect to this claim? Yes  No

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 

**7. Reporting officer/vet to complete**

Practice stamp (if applicable)

**Please ensure this section is completed and stamped**

Date reported / /

Police registration no (if applicable)

**I confirm that the loss of the above animal has been reported**

Signature of reporting officer or vet



Date / /

Circumstances of loss (continued)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Police/vet practices contacted (continued)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please continue on a separate sheet if necessary

**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: KBIS 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](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER**