



6. Policyholder to complete

EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Multiple horizontal lines for text input.

Has your pet shown the same or similar signs before? Yes  No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number

What diagnosis did the vet make?

Multiple horizontal lines for text input.

What treatment did the vet recommend?

Multiple horizontal lines for text input.

Give details of the treatment received

Multiple horizontal lines for text input.

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

Multiple horizontal lines for text input.

Multiple horizontal lines for text input.

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice

FOR YOUR VET TO FILL IN

Illness or injury

Multiple horizontal lines for text input.

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

Multiple horizontal lines for text input.

What date was your client advised the pet could not travel? / /

Signature X Date / /

Practice stamp

8. Policyholder to complete

HOLIDAY CANCELLATION - EMERGENCY REPATRIATION CONT.

If you had to cut short your trip, why couldn't the pet travel home at the scheduled journey time?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Give details of travel expenses unused

Amount claimed \_\_\_\_\_
Currency \_\_\_\_\_

Give details of accommodation expenses unused

Amount claimed \_\_\_\_\_

Currency \_\_\_\_\_

Give details of additional travel expenses incurred

Amount claimed \_\_\_\_\_

Currency \_\_\_\_\_

Give details of additional accommodation expenses incurred

from / / to / /

Amount claimed \_\_\_\_\_

Currency \_\_\_\_\_

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

9. Policyholder to complete

LOSS OF PET - ADVERTISING & REWARD

When did you first notice the animal was missing?

Date / /

Time \_\_\_\_\_

Place \_\_\_\_\_

Where and when was the animal last seen?

Date / /

Time \_\_\_\_\_

Place \_\_\_\_\_

If the animal was recovered please state

Date / /

Time \_\_\_\_\_

Place \_\_\_\_\_

Please advise circumstances of loss

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please give details of the police/vet/carrier to whom the loss was reported

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

Did you make enquiries or advertise for information? Yes [ ] No [ ]

If yes, please give full details and attach receipts

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Amount \_\_\_\_\_

Currency \_\_\_\_\_

Did you pay a reward? Yes [ ] No [ ]

Amount \_\_\_\_\_

Currency \_\_\_\_\_

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please give details of the type of microchip carried by your pet

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

10. Policyholder to complete

QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

Give details of the costs of quarantine

Amount claimed

Which documents did you lose to prevent your scheduled return home?

Please give details of the police/vet/carrier to whom the loss was reported

Name

Address

Postcode

Date reported / /

When were they lost / /

What did you have to do to get duplicate documents

Give details of costs in obtaining replacement documents

Amount

Currency

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Give details of travel expenses

Amount claimed

Currency

Give details of accommodation expenses

from / / to / /

Amount claimed

Currency

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / /

Time of incident

Location

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead?

Yes

No

Describe your pet's usual nature

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Has your pet behaved or reacted this way before? Yes  No

If yes, please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who was in charge of your pet at the time of the incident?  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

Age  
\_\_\_\_\_

Relationship to you  
\_\_\_\_\_

**Fight injuries:** Name of other animal's owner  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

Other animal's name  
\_\_\_\_\_

Breed  
\_\_\_\_\_

Age  
\_\_\_\_\_

Was other animal on a lead? Yes  No

How does your pet normally react to this sort of animal?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:** Please give the names, addresses and occupations of any witnesses

Witness 1 name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_  
Occupation  
\_\_\_\_\_

Witness 2 name  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

**Personal injuries:** Name and address of injured person

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

Occupation  
\_\_\_\_\_

Employers name and address (if known)  
\_\_\_\_\_

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

Describe the nature and extent of injuries  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a doctor, paramedic or first aider treat the injured person at the scene of the incident? Yes  No

If taken to hospital, state the name and address of the hospital

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

How much contact had the injured person had with your pet prior to the incident?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor vehicle damage:** Name and address of owner

Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode  
\_\_\_\_\_

11. Policyholder to complete

THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Make of vehicle \_\_\_\_\_  
 Model \_\_\_\_\_  
 Registration \_\_\_\_\_  
 Drivers name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the age of the damaged property? \_\_\_\_\_  
 What is the value of the damaged property? \_\_\_\_\_  
 Please describe the property and the damage to it  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_  
 Name of insurance company of damaged vehicle \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

**Police details:**  
 Were the police involved or have they been told about the incident? Yes  No   
 Police Station name \_\_\_\_\_  
 Police Station address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the damage to the vehicle  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_  
 Police officer's number \_\_\_\_\_  
 Police reference \_\_\_\_\_  
 Have you received any claim in writing about this incident? Yes  No   
 If yes, please attach all documents. **YOU MUST NOT ANSWER ANY OF THESE**  
 Please give details of all your previous third party liability claims  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What were the road/weather conditions at the time of the incident?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How good was visibility? \_\_\_\_\_  
 How wide was this stretch of road? \_\_\_\_\_  
 What speed limit applies to the road where the incident happened? \_\_\_\_\_


**Property damage:** Name and address of property owner  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_

**Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs**

12. Policyholder to complete

DECLARATION

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Signature   
 \_\_\_\_\_  
 Date     /     /  
 \_\_\_\_\_

Please state the number of documents enclosed including this form.  
 \_\_\_\_\_

**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**