

# Claim Form

## *Loss by theft or straying*

**Need help?**

Call our UK-based helpline if you need any assistance completing this form.

**0870 379 9010**

To be completed by the policyholder

**All sections must be fully completed and supporting documents supplied or we may not be able to proceed with your claim**

### 1. Policyholder to complete

#### About you

Policy number

Name and address

Policy start date \_\_\_\_\_

Daytime phone number \_\_\_\_\_

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

Mobile phone number \_\_\_\_\_

### 2. Policyholder to complete

#### About your dog

Dog's name \_\_\_\_\_

Dog's date of birth \_\_\_\_\_

Sex \_\_\_\_\_

Breed \_\_\_\_\_

Colour \_\_\_\_\_

Purchase date \_\_\_\_\_

Is your dog covered by any other insurance policy?  Yes  No

If Yes, please state the company name and policy number \_\_\_\_\_

Date of dog's last vaccination \_\_\_\_\_

Name and address of veterinary practice where vaccinated

### 3. Policyholder to complete

#### Payment details

For your convenience, claim payments will be made directly into the bank account from which we collect your insurance premium by direct debit. For payment into an alternative bank account, or if we do not collect the premium by direct debit but you would prefer the payment to be made directly into a bank account, please provide the details here. Claim payments will be made by cheque in all other circumstances.

Account holder's name \_\_\_\_\_

Sort code \_\_\_\_\_ Account number \_\_\_\_\_

### 4. Policyholder to complete

#### Declaration

1. I declare that all details provided herein represent a true and accurate statement of the details appertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim.
2. I declare that where a claim involves a potential refund from other Insurers or a third party, I hereby authorise them to remit any refund to the Kennel Club Healthcare Plan.
3. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Please sign here \_\_\_\_\_

Print your name \_\_\_\_\_

Date \_\_\_\_\_

### 5. IMPORTANT

#### Please note

Please refer to your Policy Terms and Conditions booklet for full details but also please refer to the following points:

1. You must notify the appropriate local authority within 48 hours of the theft or loss of your dog, and provide evidence of this notification.
2. You must also notify your vet and other local vets and animal rescue centres in your vicinity.
3. Please ensure that you fully answer all the questions where relevant.
4. Please include with this claim form any receipts for advertising costs and provide copies of any adverts placed.

5. If your dog has not been recovered please also enclose your dog's vaccination certificate, a receipt for the purchase price and a copy of the Pedigree Certificate.
6. If you recover your dog after we have paid you, you must pay back all of the money we paid for the purchase price.
7. We reserve the right to instruct external claims investigators in order to assist with the assessment of your claim. This may therefore increase the length of time required to assess and complete your claim.



