

# Pet Claim Form - Theft & Straying

Policy No:

Date Downloaded:

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER.

## 1 Your Details

Your Name			
Address			
		Postcode	
Daytime Tel. No.		Mobile No.	
Evening Tel. No.			
Email address			

## 2 Pet's Details

Name of pet			
Type of pet	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	
Sex of pet	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Breed of pet			
Age of pet			
Date of purchase		Price paid	£
Do you have a purchase receipt?	<input type="checkbox"/> Yes (please attach)	<input type="checkbox"/> No	(If No, please note substantiation of value will be required.)

## 3 Incident Details

Date and time the loss was discovered			
When did you last see your pet?			
Please provide full details of the place your pet was last seen including full enclosure details where applicable.			
Was your pet stolen or did it stray?			
If stolen, do you suspect anyone?			
If yes, whom?			
Was your pet wearing a collar and ID tag or was it microchipped?			
Has your pet been neutered?			
Who have you contacted in an attempt to recover your pet?			
Have you previously sustained a similar loss? If yes, please provide details.			
In the event of settlement becoming due, to Whom should payment be made?	<input type="checkbox"/> Me	<input type="checkbox"/> Vet	<input type="checkbox"/> Other Name <input type="text"/>
Could this claim potentially be covered under any other policy of insurance? If Yes, please provide full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>



### Contacting Us



If you have any queries, please call

**08449 809 400**

### IMPORTANT NOTES

#### ■ LIABILITY

The issue of this form does not constitute an admission of claim liability by E&L®

#### ■ REQUIREMENTS

Please ensure that all sections are completed by you as indicated. The form must be returned to us at the address shown below within 90 days. Faxed copies of the claim documentation can be sent in advance. Please provide us with the following to accompany your claim: Kennel Club Documents and Pedigree Certificate

#### ■ SETTLEMENT

In the event of claims settlement becoming due We will issue settlement by BACS transfer. Where bank account details have not been provided or this is not possible, settlement will be despatched by cheque. Settlement will be issued to **You** unless otherwise requested. **You** can select an alternative payee by ticking the relevant box on the claim form **You** fill in and by providing the third party name.

#### ■ RESERVATION OF RIGHTS

E&L® reserve the right to appoint loss adjusters or veterinary consultants to review the claim and also to request further information from current or previous vets or previous insurers.

#### ■ EXCESS

Please check your policy documents for the excess applicable to your claim.



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YO26 9SS  
Tel: 08449 809 400  
Fax: 08449 809 410  
email [claims@eandl.co.uk](mailto:claims@eandl.co.uk)  
web: [www.eandl.co.uk](http://www.eandl.co.uk)

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PLEASE NOTE THAT IF ANY QUESTIONS ARE LEFT UNANSWERED IT IS LIKELY TO CAUSE A DELAY IN THE ASSESSMENT OF THE CLAIM.

## 4 Police Details

Name of Police Station			
Address			
	Postcode	Tel. no.	
Date Incident reported to Police		Time Incident reported to Police	
Crime Ref / Loss Report No.			

## 5 Animal Welfare Centres

Name of Centre contacted			
Address			
	Postcode	Tel. no.	
Date Incident reported		Time Incident reported	

If reported to more than one centre please list on a separate sheet

## 6 Advertising

Do you intend to advertise your loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Please be advised that you are required to obtain our written consent before offering a reward</b>			
If yes, what do you estimate the advertising cost to be?	£	Do you wish to offer a reward? If so, how much?	£

## Declaration

I hereby declare that the details given by me, are to the best of my knowledge, true and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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