

Pet Claim Form - Theft & Straying

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

Policy No:
Date Downloaded:



Contacting Us



If you have any queries, please call
08449 809 400

1 Your Details

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

2 Pet's Details

Name of pet	Dog	Cat			
Type of pet	Male	Female			
Sex of pet					
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 _____
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 _____

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.



Thorpe Underwood Hall
Ouseburn
York
YO26 9SS
Tel: 08449 809 400
Fax: 08449 809 410
email: claims@eandl.co.uk
web: 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?

Yes

No

Please be advised that you are required to obtain our written consent before offering a reward

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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