

**4Paws Pet Insurance**

4th Floor  
Clarendon House  
Victoria Avenue  
Harrogate HG1 1JD

**Tel:** 01423 535 040

**Email:** [PetTeam@4Paws.co.uk](mailto:PetTeam@4Paws.co.uk)

**Web:** [www.4Paws.co.uk](http://www.4Paws.co.uk)

**General Opening Hours**

Mon-Fri: 9am to 8pm  
Sat: 9am to 5pm

**Claims Team**

Mon-Fri: 8am to 6pm  
Sat: 10am to 6pm

[!Title] [!FirstName] [!LastName]

[!CustomerAddressBlockVertical]

[!ShortDate]

To help us process your claim as quickly as possible, please ensure that you complete the claim form in full and attach the following information:

- ☐ Any (unanswered) correspondence received from a third party or third party representative
- ☐ Any other documentation/information that you feel is relevant to your claim

Claim forms can be submitted to us by emailing [petclaims@4Paws.co.uk](mailto:petclaims@4Paws.co.uk), or by post to: The Claims Department, 4Paws Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD

We aim to process your claim as soon as possible following the receipt of your completed claim form and any supporting information. If we need additional information to process your claim, we will contact you to advise what we need. We may contact you about this claim, or in future to help us administer your policy, using the contact details provided on this form by phone, letter, SMS or email.

As soon as your claim has been assessed, we will advise you how much will be settled and what deductions, if any, have been made. These may include your excess, anything not covered under your policy and any amount over your cover limit. If we are unable to help you with any part of your claim, we will contact you to explain why.

Should you have any queries or difficulties when filling out your claim form please email us at [petclaims@4Paws.co.uk](mailto:petclaims@4Paws.co.uk) or call us on **01423 535 040** Monday to Friday 8am until 6pm and Saturdays 10am until 6pm.

### In what capacity will we act?

We will act as your agent when sourcing a policy and act as the agent of the insurer when we handle any claim you make.

If you do not wish for us to act as the agent of the insurer in assisting with the claim, please let us know and we shall immediately pass your claim to the insurer.





Claim Form for Third Party Liability

Policy number:	
Claim ref:	

1a – Policyholder details (to be completed by the policyholder)

Name	
Address	<div>Address</div> <div>Postcode</div>
Home phone no.	
Mobile phone no.	
E-mail address	

1b – Details of your pet (to be completed by the policyholder)

Name	
Species	
Breed	
Date of birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
Date of purchase	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>

2 – Details of the incident (to be completed by the policyholder)

Date of incident	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
Time of incident	<div></div> <div></div> : <div></div> <div></div>
Please provide details of where the incident took place	

Who was in charge of your pet and their relationship to you	Name	
	Relationship	
Please confirm if the incident was reported to the police	Yes	No
If yes, please provide the police incident number		

Please provide full details of the incident. Please use additional pages if necessary

Please state when the incident was reported to you

Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Time	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	

Please provide the Third Party details (if known)

Name
Address
Postcode

Please state who reported the incident to you

Please confirm if there were any witnesses

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please provide details

<div>Witness 1 Name</div> <div>Address</div> <div>Postcode</div>	<div>Witness 2 Name</div> <div>Address</div> <div>Postcode</div>	<div>Witness 3 Name</div> <div>Address</div> <div>Postcode</div>
--	--	--

Please confirm if there is any other insurance indemnifying you in respect of this incident

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Please confirm if a claim has been made against you

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please provide details

Name of insurer
Address
Postcode

If yes, please provide details

Name of insurer
Address
Postcode

\*\*\* Please note that an excess of £250 applies to all third party liability claims \*\*\*

### 3 – Policyholder declaration

I declare to the best of my knowledge and belief, the information I have given is both true and complete.

I understand that the information given on this form may be submitted to solicitors for us in connection with any litigation arising out of this incident.

Your name	Signature
-----------	-----------

Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------