



Claim Form for Holiday Cancellation

Policy number:	
Claim ref:	

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

Name		Name	
Address	<div>Address</div>	Species	
		Breed	
	<div>Postcode</div>	Date of birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
Home phone no.		Date of purchase	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>
Mobile phone no.			
E-mail address			

2 – About your holiday (to be complete by the policyholder)

Holiday dates	From	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	Destination	
	To	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	Reason for cancellation	
Date booked		<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>		
Date of return		<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>		
Is your holiday insured with another company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please provide details	<div>Name of insurer</div> <div>Policy no.</div> <div>Phone number</div>		Booking invoice attached	<input type="checkbox"/>
			Cancellation invoice attached	<input type="checkbox"/>
			Receipts for expenses attached	<input type="checkbox"/>

3 – Policyholder declaration

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

I agree that 4Paws may seek any information it requires from any veterinary practice.

<div>Your name</div>	<div>Signature</div>
	Date <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>

4 – Reason for cancellation (to be completed by the veterinary practice)

Condition requiring treatment		Was lifesaving treatment required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When did this injury/illness begin?	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	Date policyholder was informed treatment required	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div>	

5 – Veterinary declaration (to be completed by a registered veterinary practitioner/nurse)

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

Name	<input type="text"/>	Vet stamp	<input type="text"/>
Position	<input type="text"/>		
Signature	<input type="text" value="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"/>		



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:

- ☐ Holiday booking invoice
- ☐ Holiday cancellation invoice
- ☐ Receipts for any additional costs incurred (to be detailed on the claim form)
- ☐ Past 3 year's medical history (or full history, if your pet is less than 3 year's old)

Claim forms can be submitted to us by emailing 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 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.