



## Claim Form for Death

Policy number:

Claim ref:

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

Name	<input type="text"/>
Address	<input type="text"/> <small>Address</small>
	<input type="text"/> <small>Postcode</small>
Home phone no.	<input type="text"/>
Mobile phone no.	<input type="text"/>
E-mail address	<input type="text"/>

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

Name	<input type="text"/>
Species	<input type="text"/>
Breed	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of purchase	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### 2 – Details of the illness/injury leading to your pet's death (to be completed by the policyholder)

Name of illness or injury leading to the death of your pet.

Please provide the date your first noticed your pet was injured or unwell.

Please provide the date your pet died or was euthanised.

**\*\*\* Please enclose your pets death certificate, pedigree certificate (if applicable), purchase receipt \*\*\*  
and full medical history if NOT claiming for veterinary fees**

### 3 – Details of where you purchased your pet (to be completed by the policyholder)

Seller's details	<input type="text"/> <small>Name</small>	Purchase price	£ <input type="text"/>
	<input type="text"/> <small>Address</small>	Date of purchase	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <small>Postcode</small>	Will you be seeking a refund of the purchase of your pet from the seller/breeder	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 4 – Policyholder declaration

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

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

<input type="text"/> <small>Your name</small>	<input type="text"/> <small>Signature</small>
--	--

Date



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:

- Death certificate
- Pedigree certificate/kennel club/ GCCF certificate
- Purchase receipt for your pet
- Past 3 year's medical history for your pet (or the 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](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.