



## Claim Form for Emergency Repatriation/ Quarantine Expenses & Loss of

Policy number:

Claim ref:

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

Name

Address   
Address   
Postcode

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

Date of purchase

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

Holiday dates From       To

Date booked

Date of return

Is your holiday insured with another company? Yes  No

Destination

Reason for cancellation

If yes please provide details Name of insurer   
Policy no.   
Phone number

Booking invoice attached

Cancellation invoice attached

Receipts for expenses attached

### 3 – Reason for claim (to be completed by the policyholder)

Pet fell ill or was injured during the journey  Please complete section 4 and 7 and ask your vet to complete sections 8 and 9 and ask the Quarantine official to complete section 10 (if applicable)

Documents lost or stolen  Please complete section 5 and 7

Microchip failed  Please complete section 6 and 7 and ask the Quarantine official to complete section 10

**4 – Illness during journey (to be completed by the policyholder)**

Name of illness or injury	<input type="text"/>	Cost of repatriation	£ <input type="text"/>
Date first noticed injury or illness	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cost for disposing of pet's body	£ <input type="text"/>
Date of pet's death (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Accommodation costs	£ <input type="text"/>
		Travel costs	£ <input type="text"/>

**\*\*\* Please ensure relevant receipts and medical notes are enclosed \*\*\***

**5 – Loss of documents (to be completed by the policyholder)**

Please confirm which documents were lost	PETS Certificate	<input type="checkbox"/>	was this document...	Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>
	Pet passport	<input type="checkbox"/>	was this document...	Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>
	Certificate for treatment against parasites	<input type="checkbox"/>	was this document...	Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>
Date documents lost	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please state when replacement documents were issued	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Please state where the documents were lost or stolen from	<input type="text"/>		Cost of replacing documents	£ <input type="text"/>	
Details of relevant authority notified of loss	<input type="text"/>		Accommodation costs	£ <input type="text"/>	
			Travel costs	£ <input type="text"/>	
Police or Operators report enclosed	<input type="checkbox"/>				

**\*\*\* Please ensure relevant receipts and reports are enclosed \*\*\***

**6 – Microchip failure (to be completed by the policyholder)**

Date of microchip failure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Quarantine costs	£ <input type="text"/>
Dates pet quarantined	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**7 – 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.

<input type="text"/>	<input type="text"/>
Your name	Signature
	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**8 – Illness or injury during journey (to be completed by the veterinary practice)**

Condition requiring treatment

When did this injury/illness begin?

Was lifesaving treatment required? Yes  No

Date policyholder was informed treatment required

Please state why the pet was unable to travel home the same way it travelled abroad

**9 – 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  Vet stamp

Position

Signature

Date

**10 – Quarantine details (to be completed by quarantine official)**

Dates pet quarantined From       To

Reason for quarantine

Has the microchip reader been tested? Yes  No

Details of quarantine establishment

Name of quarantine official

Position

Signature

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:

- 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)
- Police/operators report (if claiming for the loss or theft of official documents)

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.