

The issue of this claim form does not constitute an admission of claim liability by Animal Friends Insurance Services Ltd.  
Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA

**IMPORTANT NOTES:**

Please submit your fully completed claim form ensuring that all parts are complete.

Failure to do so may result in your claim being delayed.

**You will need to ensure that:**

- You fully complete and sign the claim form.
- You keep copies of all the documents you send to us for future reference.
- You provide any documents required under section 6 of this form.

Please refer to your policy terms and conditions for full details.

**1. ABOUT YOU - Policyholder to complete**

Policy number:

Policyholder's name:

Policyholder's address:

Postcode:

Daytime contact number:

Evening contact number:

Email address:

Please tick if this is different to the address on your schedule:

**2. ABOUT YOUR PET - Policyholder to complete**

Pet's name:

Pet's date of birth:  Pedigree name (if applicable):

Cat:  Dog:  Male:  Female:

Pet's breed:  Pet's colour:

Has your pet been neutered? Yes  No

Rescue? Yes  No

When did you acquire your pet?

Seller's name & address:

Postcode:

Original purchase price:  If your pet is insured with any other insurance company please state:

£

**3. DEATH FROM ILLNESS - Policyholder to complete (Your pet's full medical history will be required)**

Please tell us the date that you noticed any signs your pet was unwell before booking your appointment with your veterinary practice: Date:  Date of death:

Cause of death:

Current vet name & address:

Vet name:

Address:

Current vet contact number:

Previous vet name & address:

Vet name:

Address:

Previous vet contact number:

**5. DEATH FROM INJURY CAUSED BY AN ACCIDENT - Policyholder to complete**

Date of injury:  Date of death:  Cause of death:

Full circumstances of the accident (to include details as to how your pet escaped, if applicable):

**6. DOCUMENTATION - Policyholder to complete**

Documents required in support of a claim

If you are unable to send all documents please offer an explanation on a separate sheet of paper.

Please ensure all supporting documentation is submitted to avoid the claim being delayed.

Please tick relevant box to indicate document attached

A. Proof of purchase (such as receipt)

B. Pedigree certificate and/or Kennel Club registration

C. Certificate signed by the vet stating the death and cause of death (not required if supported by a claim for veterinary fees)

D. Only for death from injury: If you are unable to provide a death certificate from your vet please provide a statement supporting your claim from someone (not a family member) confirming date and cause of death

**7. DECLARATION - Policyholder to complete**

I warrant that the above statements and information are true in every respect and declare that I have fulfilled the terms of the policy and the loss is not covered by any other insurance.

Print Name: ..... Sign: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Claims will be paid directly into the account that your premiums are collected from. If you pay your premium annually please provide your account details below:

Account Details: Account Number:  Sort Code:

The completed claims form should be returned via post to: Animal Friends Insurance Services Ltd. Number 1 The Crescent, Sunrise Way, Amesbury, Wiltshire, SP4 7QA