

# Claim Form For Holiday Cancellation

## 1 About You - to be completed by policyholder(s)

Policyholders' name Mr/Mrs/Ms \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 County: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

## 2 About Your Pet

Your pet's name \_\_\_\_\_  
 Pedigree name (if applicable) \_\_\_\_\_  
 Pet Insured Dog  Cat  Pet Sex M  F  Age \_\_\_\_\_ Breed \_\_\_\_\_

## 3 To be Completed by Policyholder

In the case of a missing pet when did you first notice they were missing? Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Has the pet been recovered? Yes  No  If 'Yes' please state when Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Please advise circumstances of loss \_\_\_\_\_  
 \_\_\_\_\_  
 Holiday Dates From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date booked \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Destination \_\_\_\_\_  
 Reason for cancellation \_\_\_\_\_ Date cancelled \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Unrecoverable expenses claimed  
 \_\_\_\_\_ Amount claimed € \_\_\_\_\_  
 \_\_\_\_\_ Amount claimed € \_\_\_\_\_  
 \_\_\_\_\_ Amount claimed € \_\_\_\_\_  
 \_\_\_\_\_ Amount claimed € \_\_\_\_\_

Documents required to support claim Booking invoice  Cancellation invoice  Receipt

Tick if attached, if not attached please explain the non-availability on a separate sheet of paper.

Amount claimed € \_\_\_\_\_

I claim the above amount being the cost of travel and accommodation expenses that I cannot recover due to the cancellation / curtailment of my holiday and acknowledge payment to the above named account holder in full and final settlement.

Signature of Policyholder ~~X~~ \_\_\_\_\_ Date ~~X~~ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Joint Policyholder ~~X~~ \_\_\_\_\_ Date ~~X~~ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## 4 To be Completed by the Veterinary Surgeon - in the case of surgery on your pet

Pet's Condition \_\_\_\_\_  
 Date of onset \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Was surgery carried out? Yes  No   
 If "Yes" what surgery was performed? \_\_\_\_\_  
 \_\_\_\_\_  
 Date of surgery \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date client was advised surgery required \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Was it emergency life-saving surgery? Yes  No

Practice stamp (if applicable)	Signature of Vet <del>X</del> _____ Date <del>X</del> _____/_____/_____
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Please return to: Allianz, Pet Insurance Claims, P.O. Box 48 48, Freepost, Dublin 4.  
 This address may be used on any envelope. It's free and ensures delivery directly to our Claims Staff. Telephone: 1890 48 48 48 Fax: 01-660 9453