

How to claim in 2 easy steps



Step 2: Send the form with all necessary documentation via email to **info.at@petcovergroup.com**. To expedite your claim, we recommend sending us all documents electronically.

Claim checklist

Before sending in your claim form, please ensure the following:

You have fully completed all relevant sections on this claim form.

For any item valued over 500 €, the purchase receipt showing the make, model and date of purchase or saddlers valuation.

If the item has been stolen:

The police report.

Two quotations to replace the item with a new equivalent item.

Photographs showing any damage to the place where the items were stolen from.

If the item is damaged and repairable:

Two estimates for repair.

Photographs showing the damage to the item.

If the item is damaged and not repairable:

Written confirmation from a saddler stating the item is damaged beyond repair and stating the current salvage value.

Two quotations to replace the item with a brand-new equivalent item.

Photographs showing the damage.

How your claim will be paid

- If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).

Contact us

If you have any questions about your claim please call us on **0800 400 720** (between 9:00 - 17:00 Mon - Fri) or email us at **info.at@petcovergroup.com**

Note: We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

Tip: Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera to send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

Saddlery & Tack Claim Form

Section 1. Your details



Claim received on (Petcover use only):	

Please complete the claim form and forward to us with the relevant documents to **info.at@petcovergroup.com**

Policy no.:				Your name:						
Contact no.:				Email:						
Street:				Postcode:		Tow	n:			
Please tick here if the above address is different to the address on your certificate of insurance. Your policy records will be updated with these details.							etails.			
Address where insured it	ems wl	nere stored:								
Address where loss occur	rred (if	different):								
Is any of these items insu	red un	der your housel	nold contents i	nsurance?	Yes	No				
If Yes, name of insurer:										
Section 2. Summary and details of the stolen/missing/damaged items										
What are you claiming fo	or?	Damage	Missing	Stolen		If damaged	l, are the items re	pairable?	Yes	No
Item/s being claimed					Purchased	new/used?	Date of purchase	Purchase price €	Replacen value €	nent
					New	Used				
					New	Used				
					New	Used				
					New	Used				
							Claim total	€		€
When did the theft/ loss or damage occur?	Date:		Time:		When were last seen by	e the item/s y you?	Date:	Time:		
Full details of how, when	and wl	here the theft/lo	oss/damage oc	curred, and i	n case of the	ft how entry	/ was gained etc.:			

Precautions taken to prevent the theft/loss/damage, i	ncluding details of locks on doc	ors and windows if theft was from a buil	lding:
What steps have been taken to recover the lost items?	:		
Were the police informed? Date:	Time:	Did you receive a police report?	Yes No
Station name/location:	Contact no.:	Report no.:	
Please retain any damaged items, they may be req advise us immediately. If we have already paid your cl emailing schaden@petcover.at or calling 0800 400 7.	aim prior to police recovering y	our stolen items you must immediately	advise us by
Section 3: Payment and declaration			
Payment Payment into bank account. Please note: If you elected to pay your premium via di bank details have changed, please complete the fields			
Payment into bank account. Please note: If you elected to pay your premium via di			
Payment into bank account. Please note: If you elected to pay your premium via di bank details have changed, please complete the field: Account holder's name: IBAN:			
Payment into bank account. Please note: If you elected to pay your premium via di bank details have changed, please complete the field: Account holder's name:	ruthful, accurate and complete. ntation of the items condition o ofirm that the account(s) submit the claim in accordance with th	nt section blank, we may elect to issue a BIC: No information likely to affect this clair r the omission of any material facts ma tted with this claim have been paid in force to the cover selected and benefits payable	n bank cheque. m has been y result in the denial ull and
Payment into bank account. Please note: If you elected to pay your premium via di bank details have changed, please complete the fields. Account holder's name: IBAN: Declaration We/I certify that the information given in this form is twithheld. We/I understand that deliberate misrepreses of the claim and/or cancellation of the policy. We/I cor We/I understand that policy administrators will assess	ruthful, accurate and complete. ntation of the items condition o ifirm that the account(s) submit the claim in accordance with th nowledge liability or guarantee	nt section blank, we may elect to issue a BIC: No information likely to affect this clair r the omission of any material facts ma tted with this claim have been paid in force to the cover selected and benefits payable	n bank cheque. m has been y result in the denial ull and
Payment into bank account. Please note: If you elected to pay your premium via di bank details have changed, please complete the fields. Account holder's name: IBAN: Declaration We/I certify that the information given in this form is twithheld. We/I understand that deliberate misreprese of the claim and/or cancellation of the policy. We/I comwe/I understand that policy administrators will assess Please note that completion of this form does not acknowledge.	ruthful, accurate and complete. Intation of the items condition of the items condition of the account(s) submit the claim in accordance with the nowledge liability or guarantee of the above declaration. Date:	BIC: No information likely to affect this clair r the omission of any material facts mated with this claim have been paid in fire cover selected and benefits payable payment of the claim.	n bank cheque. m has been y result in the denial ull and