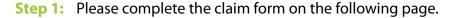


## How to claim in 2 easy steps



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



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

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

Please attach the following documents:

A death certificate from your veterinarian.

The purchase receipt from when you bought your pet.

If your pet is a pedigree, the pedigree certificate (original or signed copy).

## 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).

**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 submit the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## **Contact us**

If you have any questions about your claim please call us on **0800 85 03 505** (between 9:00 - 17:00 Mon - Fri) or email us at **info.de@petcovergroup.com** 

## **Death** Claim Form



Claim received on (Petcover use only):

Please complete the claim form and email to us with the relevant documents to info.de@petcovergroup.com

Section 1. Your details					
Policy no.:	Your na	ame:			
Contact no. :	Email:				
Street:	Postcoo	de:	Tow	n:	
Please tick here if the above is different to the	address on your certific	cate of insurance. You	ur policy i	records will be updated with these details.	
Pet's name:			Pet	's date of birth:	
Was this pet insured with any other company?	Yes N	lo			
If yes, what is the name of the insurance compan	ıy?				
Section 2. Death from illness, injur	y or accident d	etails			
Illness/Injury or Accident commencement date:		Date of	death:		
Cause of death:					
In case of accident, please provide the full circumstances:					
Purchase date:	Purchase price:		€	Amount claimed:	€
Section 3. Payment and declaration	n				
Payment					
Payment into bank account.					
Please note: If you elected to pay your premium bank details have changed, please complete the	via direct debit, your l fields below. If you le	penefits will be paid ave the payment sec	l directly ction blar	into your nominated bank account. If yonk, we may elect to issue a bank cheque.	our
Account holder's name:					
IBAN:			BIC:		
Declaration					
We/I certify that the information given in this for	m is truthful, accurate	and complete. No	informat	ion likely to affect this claim has been	

We/I certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. We/I understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. We/I confirm that the account(s) submitted with this claim have been paid in full and We/I understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. We/I authorise any veterinary surgeon who has treated our/my pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Please tick here, if you have read and acknowledged the above declaration.

Date: