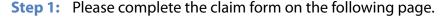


# How to claim in 2 easy steps



**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.

## **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 85 03 505** (between 9:00 - 17:00 Mon - Fri) or email us at **info.de@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.de@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.									
Address where insured items where stored:									
Address where loss occurred (if different):									
Is any of these items insured under your household contents insurance? Yes No									
If Yes, name of insurer:									
Section 2. Summary and details of the stolen/missing/damaged items									
What are you claiming for	r? Damage	Missing	Stolen		If damaged, are the items repairable? Yes No			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	€		€
loss or damage occur?	Date:	Time:		last seen b		Date:	Time:		
Full details of how, when and where the theft/loss/damage occurred, and in case of theft how entry was gained etc.:									

Name/s of any witness/es:			
Precautions taken to prevent the theft/loss/damage,	including details of locks on doors	and windows if theft was from a buil	ding:
What steps have been taken to recover the lost items	s?:		
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 readvise us immediately. If we have already paid your emailing schaden@petcover.at or calling 0800 85 0	claim prior to police recovering you	ur 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 count bank details have changed, please complete the field			
Account holder's name:			
IBAN:		BIC:	
<b>Declaration</b> We/I certify that the information given in this form is withheld. We/I understand that deliberate misrepress of the claim and/or cancellation of the policy. We/I co We/I understand that policy administrators will asses	entation of the items condition or to infirm that the account(s) submitte	he omission of any material facts may	
Please note that completion of this form does not acl			ıll and
Please note that completion of this form does not acl Please tick here, if you have read and acknowledge	knowledge liability or guarantee p		ıll and