

For official use only



# Claim Form for Boarding Fees (Hospitalisation)

Please make sure this claim form is completed clearly and in full to ensure the correct assessment of your claim. Please complete a separate form for each pet.

Please complete using a black pen and block capitals.

**We're happy to help!**  
If you have any questions call us on  
**0345 075 4583**

Co-op Insurance Services,  
Great West House (GW2),  
Great West Road,  
Brentford, Middlesex  
TW8 9DX

## 1. Policy Number Policyholder to complete

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## 2. About You Policyholder to complete

Policyholder's name \_\_\_\_\_  
Daytime telephone no \_\_\_\_\_  
Email address \_\_\_\_\_  
(Required to process claims payments)

Policyholder's address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

## 3. About your pet Policyholder to complete

Pet's name \_\_\_\_\_  
Pedigree name \_\_\_\_\_  
Breed \_\_\_\_\_  
Is your pet a Dog  Cat

Pet's date of birth      /      /      Male  Female   
Is your pet insured with any other company      Yes  No   
If Yes, please state which company \_\_\_\_\_

## 4. Payee details Policyholder to complete

**Direct Debit customers**  
Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 2 to avoid delay in settlement.  
  
If you do not pay by Direct Debit, Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

Please sign here **X**  
  
Print name \_\_\_\_\_ Date      /      /

By signing this form I confirm I have checked the information given and that it is correct to the best of my knowledge. I also give Allianz Insurance permission to contact my G.P./hospital physician/surgeon with regards to my condition on this claim form.

## 5. If this is not filled in your claim will be delayed Policyholder's general practitioner/hospital physician/surgeon to complete

Patient's name Mr/Mrs/Ms \_\_\_\_\_  
G.P. practice name and address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone no (incl. STD) \_\_\_\_\_  
Name and address of admitting hospital \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Date of the first visit to any doctor for this condition      /      /  
Date of hospitalisation      from      /      /      to      /      /  
Medical condition requiring hospital treatment \_\_\_\_\_  
**I confirm that to the best of my knowledge the statements are true in every respect.**  
Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)  
**X** \_\_\_\_\_ Date      /      /

**6. Please attach receipts from kennels/home carer** Boarding kennel proprietor/home carer to complete

Pet looked after by; Kennels  Receipt attached   
Home carer  Written confirmation of payment   
from home carer attached

Proprietor's/carer's name Mr/Mrs/Ms \_\_\_\_\_  
Name of kennel/home carer \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone no (incl. STD) \_\_\_\_\_

Date of boarding/home care from / / to / /  
Boarding/caring fees per day £ -  
Total fees £ -

**I confirm that to the best of my knowledge the statements are true in every respect.**  
Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

X

Date / /

**Important Notes**

- The insurance is provided by Allianz Insurance plc.
- Please ensure you retain a copy of this claim form and any receipts for your records.

- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Pet Insurance from Co-op Insurance Services, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Co-op Insurance Services is a trading name of Co-op Insurance Services Limited; registered in England and Wales with registration number 4390. Registered office; CIS Building, Miller Street, Manchester, M60 0AL. Co-op Insurance Services Limited is Authorised and Regulated by the Financial Conduct Authority under register number 779364.

Pet Insurance from Co-op Insurance Services is provided, underwritten and administered by Allianz Insurance plc. Registered in England and Wales under company number 00084638. Registered Office: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under register number 121849. Co-op Insurance Services Limited is not part of the Allianz (UK) Group.

**Incomplete Claim Forms Will Be Returned To The Policyholder**

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