

# Claim Form for Third Party Liability

Policy number:

Claim ref:

## 1a – Policyholder details (to be completed by the policyholder)

Name

Address

Address

  
  

Postcode

Home phone no.

Mobile phone no.

E-mail address

## 1b – Details of your pet (to be completed by the policyholder)

Name

Species

Breed

Date of birth

D	D	M	M	Y	Y
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Date of purchase

D	D	M	M	Y	Y
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## 2 – Details of the incident (to be completed by the policyholder)

Date of incident

D	D	M	M	Y	Y
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Time of incident

		:		
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Please provide details of where the incident took place

Who was in charge of your pet and their relationship to you

Name

  

Relationship

Please confirm if the incident was reported to the police

Yes  No

If yes, please provide the police incident number

Please provide full details of the incident. Please use additional pages if necessary

Please state when the incident was reported to you

Date

Time   :

Please provide the Third Party details (if known)

Name

Address

Postcode

Please state who reported the incident to you

Please confirm if there were any witnesses

Yes  No

If yes, please provide details

Witness 1 Name

Address

Postcode

Witness 2 Name

Address

Postcode

Witness 3 Name

Address

Postcode

Please confirm if there is any other insurance indemnifying you in respect of this incident

Yes  No

Please confirm if a claim has been made against you

Yes  No

If yes, please provide details

Name of insurer

Address

Postcode

If yes, please provide details

Name of insurer

Address

Postcode

\*\*\* Please note that an excess of £250 applies to all third party liability claims \*\*\*

### 3 – Policyholder declaration

I declare to the best of my knowledge and belief, the information I have given is both true and complete.

I understand that the information given on this form may be submitted to solicitors for us in connection with any litigation arising out of this incident.

Your name

Signature

Date