

Claim Form for Third Party Liability



Complete the claim form using a black pen and block capitals (missing information will delay your claim). Settlement payments are made electronically. Please ensure you provide your email address if you require confirmation of payment. Completed forms should be posted to:

Buddies Claims, PO Box 1340, Peterborough PE2 2QB or emailed to admin@buddies.co.uk.

1. Policyholder to complete	POLICY REFERENCE NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Policyholder to complete	ABOUT YOU	Mobile	<input type="text"/>
Policyholder's name	<input type="text"/>	Policyholder's address	<input type="text"/>
Email address	<input type="text"/>	Postcode	<input type="text"/>
All claim settlement correspondence is sent via email.		If this is different to the address on your Schedule of Insurance please tick here. <input type="checkbox"/>	

3. Policyholder to complete	ABOUT YOUR PET	If crossbreed, please state dominant breed (dogs only)	<input type="text"/>
Pet's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pet's date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Breed	<input type="text"/>	Purchase price	<input type="text"/>
<input type="text"/>	<input type="text"/>	Neutered	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Policyholder to complete	INCIDENT DETAILS - PART 1	Please provide full details of the incident	<input type="text"/>
Date of incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Time of incident	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where did the incident take place?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who was in charge of the pet?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the incident reported to the Police?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
If YES, give Police incident number	<input type="text"/>	<input type="text"/>	<input type="text"/>
When was the incident reported to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>
By whom?	<input type="text"/>	Please give more details of incident on a separate sheet if necessary	

IMPORTANT NOTES

- Please include all required documentation, including original invoices and death certificate
- If the claim is being faxed, please retain all the original copies of the claim form and receipts

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

Buddies Enterprises Limited, Oak House, 7 Medicott Close, Oakley Hay, Corby, Northamptonshire NN18 9NF (company number 4013396). Buddies Enterprises Limited is authorised and regulated by the Financial Conduct Authority (registration number 514428).

5. Policyholder to complete

INCIDENT DETAILS - PART 2

Were there any witnesses?

If YES, please give details

Witness name (A)

Witness address (A)

Witness name (B)

Witness address (B)

Please provide details of any third party (if known)

Is there any other insurance indemnifying you in respect of this insurer?

Yes No

If YES, please give name and address of insurer

Has any claim been made against you? Yes No

If YES, please give details

Note 1: Correspondence and claims. All communications and claims received by you concerning the incident are to be forwarded immediately without acknowledgment

6. Policyholder to complete

DISCLAIMERS

By signing this form I authorise Buddies to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Buddies with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

I / We wish the claim to be paid to the policyholder(s) named on the Policy Schedule

Please sign here

Date / /

Print name

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