

Claim Form for Death



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		
Policyholder's name		Mobile	
		Policyholder's address	
Email address			Postcode
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			
Pet's name		Where did you purchase your pet? (please tick box)		
		<input type="checkbox"/> Breeder	<input type="checkbox"/> Rehoming charity	<input type="checkbox"/> Other
Pet's date of birth	/ /	Seller's name and address		
Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Breed				
		Original purchase/donation price		
If crossbreed, please state dominant breed (dogs only)		Amount claimed		

4. Policyholder to complete	DEATH FROM ILLNESS/INJURY		
Please give the date that you first noticed your pet was unwell — this may well be before you contacted your veterinary practice. Your claim may be delayed if we do not have this information.		Details of accident	
Date you noticed your pet was unwell	/ /		
Cause of death			
Date of death	/ /		
		Please give more details of accident on a separate sheet if necessary.	

5. Policyholder to complete	PAYEE DETAILS	Pay the policy holder electronically - please tick <input type="checkbox"/>	
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.		This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the following details:	
Signed		Account name	
		Sort code	<input type="text"/>
		Account number	<input type="text"/>
Date	/ /	Payments can also be made by cheque, please tick the box if this is your preferred form of settlement <input type="checkbox"/>	

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 Medlicott 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).