Claim Form for Holiday Cancellation

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

2. Policyholder to complete — ABOUT YOU

Policyholder's name

Email address

All claim settlement correspondence is sent via email.

Mobile

Policyholder's address

Postcode

If this is different to the address on your Schedule of Insurance please tick here. ◯

3. Policyholder to complete — ABOUT YOUR PET

Pet's name

Pet's date of birth / /

Male ◯ Female ◯

Breed

If crossbreed, please state dominant breed (dogs only)

Purchase price

Neutered Yes ◯ No ◯

4. Policyholder to complete — ABOUT YOUR HOLIDAY

Holiday dates from / / to / /

Date booked

Destination

Reason for cancellation

Travel expenses claimed

5. Policyholder to complete — PAYEE DETAILS

Is your holiday insured with any other company? Yes ◯ No ◯

If yes, please supply details of other insurer

Pay the policy holder electronically - please tick ◯

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:

Account name

Sort code

Account number

Payments can also be made by cheque, please tick the box if this is your preferred form of settlement ☐

6. Vet practice to complete — DETAILS OF SURGERY

Condition

Date of onset

Treatment carried out

Signature

Date / /

Date client was advised of treatment required

Was it emergency life-saving treatment? Yes ◯ No ◯

Practice stamp

IMPORTANT NOTES

- Please include all required documentation, including original invoices
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a separate claim form for each claim

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

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