

How to claim in 2 easy steps

Step 1: Please complete the claim form on the following page.

Step 2: Send the form with all necessary documentation via email to **info@petcover.uk.com.** To expedite your claim, we recommend sending us all documents electronically.

Claim checklist

Before sending in your claim form, please ensure the following:

You have fully completed all relevant sections on this claim form.

The purchase receipt showing the make, model and date of purchase or valuation.

If the horse trailer or vehicle has been stolen:

The police report.

If the horse trailer or vehicle is damaged and repairable:

Two estimates for repair.

Photographs showing the damage to the item.

If the horse trailer or vehicle is damaged and not repairable:

Written confirmation from the repairer stating the item is damaged beyond repair and stating the current salvage value.

Photographs showing the damage.

How your claim will be paid

- If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).

Contact us

If you have any questions about your claim please call us on **01444 708840** (between 9:00 - 17:00 Mon - Fri) or email us at **info@petcover.uk.com**

Note: We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

Tip: Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera to send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

Claim received on

(British Pet Insurance Services use only):

Horse Trailer & Horse-Drawn Vehicle Claim Form

Please complete the claim form and forward to us with the relevant documents to info@petcover.uk.com

Section 1. Your details								
Policy no.:	Your name:							
Contact no.:	Email:							
Address:	Postcode: State:							
Please tick here if the above address is different to the address on your certificate of insurance. Your policy records will be updated with these details.								
Address where insured vehicle were stored:								
Address where loss occurred (if different):								
Section 2 Details of the stelen/missing/de								
Section 2. Details of the stolen/missing/dar	maged horse trailer or horse-drawn vehicle							
Year, make & model:	Date of purchase:							
Chassis/Serial/Identification no.:	Purchase price:							
Nature and extent of usage:	Current Value:							
What are you claiming for? Damage Stolen Pur	chased new or used? Used New							
If damaged, are the items repairable? Yes No								
Are you the sole owner of the item? Yes No								
If No, name/s:								
When did the theft/loss or damage occur? Date:	Time:							
When were the item/s last seen by you? Date:	Time:							
Full details of how, when and where the theft/loss/damage occurred and in case of theft how entry was gained etc.:								

Name/s of any witness/es:						
Precautions taken to prever	nt the theft/loss/damage, in	cluding details of lo	cks on doors an	d windows if th	eft was from a buildi	ng:
What steps have been taken	n to recover the lost items?:					
Were the police informed?	Date:	Time:		Did you receive	a police report?	Yes No
Station name/location:		Contact no.	:		Report no.:	
must advise us immediately. I	d items, they may be requi If we have already paid your cla er.uk.com or calling 01444 70	aim prior to police red	covering your sto	len items you mu	ust immediately advise	u
Section 3: Payment	and declaration					
Payment into bank account						
bank details have changed, pl	pay your premium via direct de lease complete the fields below benefits to the policyholder(s).	w. If you leave the pay				
Account name:			Sort code:	Ad	ccount number:	
practice to provide British Per	nce Services to provide the vet t Insurance Services with all in s form and that it is correct to	nformation relating to	my pet. I also co			
Please tick here, if you ho	ave read and acknowledged th	ne above declaration.	Date:			