

CLAIM FORM FOR DEATH BY ACCIDENT

Please complete a separate form for each pet.

Please Complete in BLOCK CAPITALS

The completed forms including copies of all receipts should be returned to your agent or broker or direct to our claim handling agency to the following address:
 IBEX INSURANCE, Apartado de Correos 87, 11300 La Linea de la Concepción, Cádiz, Spain
Tel: +34 956695596
 If the claim form is being faxed, please retain all original copies of the claim form and receipts.
Fax no: +34 956 794 681

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER

Section 1	
ABOUT YOU	ABOUT YOUR PET
Owners name Initial	Policy number
Address	Your pet's name
Province Postcode	Pedigree name (if applicable)
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F Age:
	Breed
	Date and where purchased
	Sellers name Initial
	Address
	Province Postcode
	Original purchase price: €
	Current value: €
Date of injury / /	Date of death / /
Cause of death	
Full circumstances of the accident that caused the injury, please continue on a separate sheet if necessary.....	

Documents required in support of a claim.

If you are unable to send all documents please offer an explanation on a separate sheet of paper. *(Please ensure all supporting documentation is submitted to avoid the claim payment being delayed.)*

If the policy is in joint names both signatures are required.

I/we warrant that the above statements are true in every respect and declare that I/we have fulfilled the terms of the policy and the loss is not covered by any other insurance.

Please tick relevant box to indicate document attached

1. Proof of purchase (such as receipt) <input type="checkbox"/>	Signature
2. Pedigree certificate and Kennel Club registration <input type="checkbox"/>	✗ Date / /
3. Certificate signed by the Veterinary Surgeon Stating the date and cause of death (not required if supported by a Claim for Veterinary fees) <input type="checkbox"/>	Signature
4. Statement supporting your claim from someone – not family member confirming date and cause of death (if applicable) <input type="checkbox"/>	✗ Date / /