

CLAIM FORM FOR LOSS OF PASSPORT & HEALTH CERTIFICATE

<p>Please Complete in BLOCK CAPITALS</p>	<p>Please complete a separate form for each pet.</p> <p>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, Guadiaro, 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</p>
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CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER

SECTION 1																
ABOUT YOU	ABOUT YOUR PET															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Owners name</td> <td style="width: 30%; border-bottom: 1px solid black;">Initial</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Province</td> <td style="border-bottom: 1px solid black;">Postcode</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Telephone No.</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Mobile No.</td> </tr> </table>	Owners name	Initial	Address		Province	Postcode	Telephone No.		Mobile No.		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Policy Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Your pet's name</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Pedigree name (if applicable)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F Age: </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Breed</td> </tr> </table>	Policy Number	Your pet's name	Pedigree name (if applicable)	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F Age:	Breed
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<p>Did the event happen overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you have answered Yes, please provide details about your journey</p> <p>Date: From / / - To / /</p> <p>Countries visited (attach copy of booking invoice or other relevant documents):</p>															

SECTION 2	
<p>Why was your pet not allowed back into its "home" country ?</p>	
<p>Give details of the type of microchip carried by your pet</p>	
<p>Which documents did you lose to prevent your scheduled return home?</p>	
<p>Date Reported</p>	<p>/ /</p>
<p>When were they lost ?</p>	
<p>What did you have to do to get duplicate documents and what were your extra expenses ?</p>	
<p>Give details of costs in obtaining replacement documents and what were your extra expenses (attach receipts)</p>	

5. Please provide the following information in respect of the Police/Veterinary Surgery to whom the loss was reported.

Name	
Address	
Province	
Postcode	
Telephone No	
Date reported	/ /
Police Report No: (if applicable)	

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

Declaration: I warrant that the above statements are true in every respect and the loss is not covered by any other insurance

Signature

Signature



Date / /



Date / /