

CLAIM FORM FOR BOARDING FEES

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
	Pedigree name (if applicable)
Province Postcode	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> F Age:
Telephone No.	Breed
Mobile No.	
Did the event happen overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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>


If the policy is in joint names both signatures are required. **I/we claim the following amount being the cost including IVA of Boarding/Caring of the pet and acknowledge payment to the above named account holder in full and final settlement.**

Signature	Signature
x	x
Date / /	Date / /

SECTION 2 *Only to be completed by the general practitioner or hospital physician/surgeon*

Patient's name	Date of Hospitalisation
Name of G.P. Practice	From / / - To / /
	Medical condition requiring hospital treatment
Province Postcode	Date of the first visit to any doctor for this condition
Telephone No.	/ /
Name and address of admitting hospital	I confirm that to the best of my knowledge the statements are true in every respect.
Province Postcode	Signature
	x
	Date / /

SECTION 3*Only to be completed by the boarding kennel proprietor/home carer (please attach receipts)*

Owner's name	Date of Boarding/Homecare
Name of Kennel/Home Carer & Address	From / / - To / /
	Boarding fees per day €
	Total fees €
Province Postcode	I confirm that to the best of my knowledge the statements are true in every respect.
Telephone No.	Signature
	 Date / /