

CLAIM FORM FOR LOSS BY THEFT OR STRAYING

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

to be completed by policyholder(s)

ABOUT YOU	ABOUT YOUR PET
Your name	Policy Number
Address	Your animal's pet 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 Phone No.	Breed
Mobile No.	Which policy plan do you have?
Date and where pet purchased	Original purchase price: €
.....	Value immediately prior to the loss: €
1. When did you first notice the Animal was missing? (A claim cannot be submitted in respect of a cat or dog until 30 days have elapsed)	4. Please advise circumstances of loss <small>(continue overleaf if necessary)</small>
Date / /
Time
Place
2. Where and when was the animal last seen?	5. Please provide the following information in respect of the Police/Veterinary Surgery to whom the loss was reported.
Date / /	Name.....
Time	Address.....
Place
3. If the animal has been recovered, please state	Province Postcode.....
Date / /	Telephone No.....
Time	Date reported / /
Place	Police Report No: (if applicable)

SECTION 2

to be completed by policyholder(s)

1. Have you made enquiries or advertised for information, if so please give full details and attach receipts. Please state amount €	2. Have you paid a reward (agreed in advance with Ibex) Please state amount €
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