

## 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 [mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.com). To prevent delays in handling your claim, we recommend sending us all documents electronically.

### 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 **0330 0570646**  
(between 9:00 - 17:00 Mon - Fri)

or email us at [mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.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 or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

### Claim checklist

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

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

You have attached the required evidence and/or fully itemised invoice(s) listed below.

*Please also provide for the applicable section:*

Item(s) Being Claimed for	Evidence and/or invoice(s) required
Holiday cancellation (Please complete sections 1, 2 and 6)	Invoice from the vet, travel booking invoice and cancellation invoice, receipts of extra travel expenses. <i>The invoices must show the booking date, dates of the journey, cancellation date and total cost of the holiday and any expenses that cannot be recovered.</i>
Boarding fees (Please complete sections 1, 3 and 6)	Medical certificate, boarding kennel/pet sitter invoice (showing dates and daily costs involved)
Loss by theft or straying (Please complete sections 1, 4 and 6)	Evidence of advertising, purchase receipt for you pet, original or signed copy of pedigree certificate (if qualified), missing pet report from an appropriate authority, if missing during a journey - the booking invoice or official document with journey dates.
Advertising and reward (Please complete sections 1, 4 and 6)	Invoices and receipts of costs involved, receipt for any reward paid, missing pet report from an appropriate authority.
Emergency repatriation (Please complete sections 1, 2 and 6)	Travel booking invoice, original invoice/receipt costs and receipts of extra travel expenses. <i>The invoices must show the booking date, dates of the journey, and total cost of the journey and any expenses that cannot be recovered.</i>
Quarantine expenses and/or loss of documents (Please complete sections 1, 2 and 6)	Quarantine receipt, travel booking invoice, original invoice/receipt costs, receipts of extra travel expenses and if applicable police or operator's report. <i>The invoices must show the booking date, dates of the journey, and total cost of the journey and any expenses that cannot be recovered.</i>
Repeat tick and worming (Please complete sections 1, 5 and 6)	Full itemised invoice and clinical history, original travel booking invoices and confirmation of travel delay from the carrier. <i>The invoices must show the booking date and dates of the journey.</i>

# Non-Veterinary Fees Claim Form

Claim received on  
(MiPetCover use only):

Please complete the claim form and forward to us with the relevant documents to [mipetcoverclaims@petcoverservice.com](mailto:mipetcoverclaims@petcoverservice.com)

## Section 1. Your details

Policy no. :

Your name:

Contact no. :

E` mail:

Address:

Postcode:

Pet's name:

Pet's date of birth:

Is this pet insured with any other company?

Yes

No

If yes, what is the name of the insurance company?

## Section 2. Please complete this section for holiday cancellation/emergency repatriation/denied re-entry/loss of documents

Holiday dates: From:

To:

Reasons for cancellation, repatriation, denied re-entry or loss of documents:

If you require more space for explanation, you may attach additional pages.

Details of irrecoverable expenses	Amount claimed
	£
	£
	£
	£

## Section 3. Please complete this section for boarding fees

Kennel/cattery/carer: Contact

No. :

Date of boarding/home care from:

To:

Total boarding fees: £

## Section 4. Please complete this section for loss by theft or straying/advertising and reward

Address where loss occurred (if different from above):

### Details of loss

Where and when was your pet last seen? Date: Place:

Where and when was your pet recovered? Date: Place:

Full circumstances of loss (please continue on a separate sheet if necessary):

### Details of advertising and reward

Are you claiming for: Advertising and/or Reward

Details of advertising/reward	Amount claimed
	£
	£
	£
	£

Was the reward agreed in advance with Petcover? Yes No

Name of person who found pet:

Contact no. :

## Section 5. Please complete this section for repeat tick and worming

Repeat tick and worming treatment your claiming for	Amount claimed
	£
	£
	£
	£

## Section 6. Payment and declaration

### Payment

#### Payment into bank account.

Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

Account holder name: Sort code: Account number:

### Declaration

I authorise MiPetCover to provide the veterinary practice and any relevant third-party with information about my policy in respect of this claim and the veterinary practice to provide MiPetCover with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

Please tick here, if you have read and acknowledged the above declaration.

Date:

**MiPetCover | [mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.com) | 0330 0570646**

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