



Pet Insurance Claim Form For Holiday Cancellation

Please send this form to Atlas Insurance PCC Limited – Ta' Xbiex Seafront, Ta' Xbiex, Malta. Do not forget to attach original accounts (invoices or receipts) where applicable. PLEASE FILL IN ALL DETAILS and use BLOCK capitals throughout.

Policy No.

Making a claim

Please follow these instructions carefully to ensure that your claim will be processed efficiently and without any need for further clarification.

1. Claims should be submitted as soon as possible and not later than 2 months from the date of cancellation and must include the following:
 - a. The booking invoice and cancellation invoice from the holiday sales organisation. The invoices must show the date of the booking, the dates of the journey, the total costs of the holiday, the date you decided to cancel or return home and any expenses you cannot recover;
 - b. If you are claiming for extra travel costs, the receipts for your expenses;
 - c. If you are claiming for cancellation/curtailment of a journey you must support your claim with evidence from a vet that the pet was suffering from a life threatening condition or required lifesaving surgery.
3. We recommend that you photocopy the completed form and any enclosures for your records.

1. About You- to be completed by Policyholder(s)

Policyholders' Full Name	<input type="text"/>	ID. Card No.	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>		

2. About Your Pet - to be completed by Policyholder(s)

Your Pet's Name	<input type="text"/>	Microchip Number	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Dog	<input type="checkbox"/>
		Cat	<input type="checkbox"/>
Breed	<input type="text"/>		

3. Holiday Cancellation - to be completed by Policyholder(s) in the event of holiday cancellation

Holiday dates: from

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 to

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Date Holiday booked

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Reason for cancellation/curtailment

Date holiday cancelled/curtailed

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Names of immediate family members travelling with the policyholder and their relationship to the policyholder:

Full Name:

Full Name:

Full Name:

Full Name:

If the event of illness please advise

Pet's illness/condition

Date when you first noticed any signs

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In the event of injury please advise
Details of the accident:

Date of the accident

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If applicable, date of death which resulted from the accident

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Unrecoverable expenses claimed:
Amount Claimed €
Amount Claimed €
Amount Claimed €
Amount Claimed €

Is this claimable from any other source (ie another insurance company)? Yes No

If yes, please provide details

4. Insured's Direct Credit Details Please complete your bank details if you wish us to transfer claim settlement into your bank account.

Bank Account details
Name of Bank
Country
IBAN No.

