SAGA

CLAIM FORM FOR HOLIDAY CANCELLATION

Please complete a separate form for each pet
Please complete using a black pen and block capitals.

For Saga Pet Insurance use only

We're happy to help!
If you need any help completing this form, please visit www.pet.saga.co.uk/existing-customers

1. Policyholder to complete - **Policy number**

Reference letters **not** required											

2. Policyholder to complete - **About you**

Policyholder's surname		Policyholder's address	
First name			
Contact no.		Postcode	
Email address (Required for electronic payments)		**Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.**	☐

3. Policyholder to complete - **About your pet**

Pet's name		Date you first owned your pet	...../...../.....
Is your pet a	Dog ☐ Cat ☐	Pet's date of birth	...../...../.....
	Male ☐ Female ☐	Is your pet insured with any other company?	Yes ☐ No ☐
Breed		If **Yes**, please state which company	

4. Policyholder to complete - **About your holiday**

Holiday dates	From ...../...../..... To ...../...../.....	Was your pet with you on your holiday? **If Yes**, what date did your pet travel home?	Yes ☐ No ☐ ...../...../.....
Date booked		Name and relationship of all holiday members	
Destination			
Date of cancellation	...../...../.....		
Reason for cancellation			
		Travel and accommodation expenses claimed	£
Is your holiday insured with any other company?	Yes ☐ No ☐	**Documents required to support claim**	
If Yes, please supply details of other insurer		Booking invoice ☐ Cancellation invoice ☐ Receipts ☐ **Your claim will be delayed if you do not supply all of this information**	

5. Policyholder to complete - **Payee details**

Direct Debit customers - Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in section 2 to avoid delay in settlement.

Please sign here ✗	Print name	Date ...../...../.....
By signing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.		

6. Veterinary practice to complete - **Details of illness/injury**

Condition		Signature ✗	Date ...../...../.....
Date of onset	...../...../.....	Practice stamp	
Date of serious and unexpected deterioration of health	...../...../.....		
Was it urgent veterinary treatment?	Yes ☐ No ☐		
Urgent treatment carried out		**To ensure this claim is dealt with quickly please note your Saga Pet Insurance practice number here**	
Date of treatment	...../...../.....	Contact no.	
Date client was advised of urgent treatment required	...../...../.....		

Important note
Please send completed claim forms including copies of all receipts and vet histories to: **Saga Pet Insurance, PO Box 283, Sheffield, HD8 1GE**.
Email: claims@petinsurance.saga.co.uk

We may contact you about this claim and future claims by letter, text message or email, using the contact details we have on file for you.

Saga Pet Insurance is arranged, underwritten, and administered by Allianz Insurance plc (Registered in England and Wales No. 84638) Registered office: 15 Bishopsgate, London, EC2N 3AR. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 121849.

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