

Claim Form for Death

Complete the claim form using a black pen and block capitals (missing information will delay your claim). Settlement payments are made electronically. Please ensure you provide your email address if you require confirmation of payment. Completed forms should be posted to:

Buddies Claims, PO Box 1340, Peterborough PE2 2QB or emailed to admin@buddies.co.uk.

1. Policyholder to complete **POLICY REFERENCE NUMBER**

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2. Policyholder to complete **ABOUT YOU**

Policyholder's name _____

Email address _____

All claim settlement correspondence is sent via email.

Mobile _____

Policyholder's address _____

Postcode _____

If this is different to the address on your Schedule of Insurance please tick here.

3. Policyholder to complete **ABOUT YOUR PET**

Pet's name _____

Pet's date of birth ____ / ____ / ____

Male Female

Breed _____

If crossbreed, please state dominant breed (dogs only) _____

Where did you purchase your pet? (please tick box)

Breeder Rehoming charity Other _____

Seller's name and address _____

Original purchase/donation price _____

Amount claimed _____

4. Policyholder to complete **DEATH FROM ILLNESS/INJURY**

Please give the date that you first noticed your pet was unwell — this may well be before you contacted your veterinary practice.

Your claim may be delayed if we do not have this information.

Date you noticed your pet was unwell ____ / ____ / ____

Cause of death _____

Date of death ____ / ____ / ____

Details of accident _____

Please give more details of accident on a separate sheet if necessary.

5. Policyholder to complete **PAYEE DETAILS**

By signing this form I authorise Buddies to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Buddies with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

Signed _____ X

Date ____ / ____ / ____

Pay the policy holder electronically - please tick

This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the following details:

Account name _____

Sort code _____

Account number _____

Payments can also be made by cheque, please tick the box if this is your preferred form of settlement

IMPORTANT NOTES

- Please include all required documentation, including original invoices and death certificate
- If the claim is being faxed, please retain all the original copies of the claim form and receipts

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

Buddies Enterprises Limited, 1 Saxon House, Saxon Way West, Corby, Northamptonshire NN18 9EZ (company number 4013396). Buddies Enterprises limited is a wholly owned subsidiary of Legal & General Insurance Limited and are authorised and regulated by the Financial Conduct Authority. (registration number 514428)