

Pet Insurance Claim Form

Policy Details	
Policyholder:	
Pet Name:	
Policy Number:	
Home Tel:	
Mobile:	

Veterinary Fees (To be completed by the Vet where applicable)	
Previous Veterinary Practice & Telephone:	
Current Veterinary Practice & Telephone:	
Date of Incident:	Treatment Date:
Give the date you first noticed signs of illness or injury	
Symptoms/Diagnosis	

Details of Lab tests, X-Rays, etc. including services performed, results, reports	
Date Of Discharge (if applicable)	Final Cost of Treatment
	EUR
Current Veterinary Practice & Telephone:	
Is this payment to be made directly to you, your vet or someone else?	
Treatment Plan (in detail, medications etc.)	
Circumstances	

Has this Pet had any related illnesses, injury, clinical signs or related clinical signs anywhere else in, or on its body before? (If yes please give details and dates)			
Did the illness or injury result in the death or euthanasia of your Pet?			
Other Comments			

Accidental Death (To be completed by the Vet where applicable)

Date of Injury		Date of Death	
Cause of Death			
Full circumstances of the accident that caused the injury (please continue on a separate sheet if necessary)			
When and where was your Pet purchased?			
Original purchase price (please provide proof of purchase)			
Note: Please provide Pedigree certificate and Kennel Club registration if applicable			

Advertising and Reward

HEAD OFFICE:
 15, Esperidon Str.
 2001 STROVOLOS
 P.O.Box 24579
 1301 NICOSIA
 Tel.: 22886000
 Fax: 22886111

LIMASSOL OFFICE:
 18, Vasili Vrionide Str.
 3095 LIMASSOL
 P.O.Box 57136
 3313 LIMASSOL
 Tel.: 22886250
 Fax: 25370555

LARNACA OFFICE:
 3, Leonida Kiouppi Str.
 6030 LARNACA
 P.O.Box 40588
 6305 LARNACA
 Tel.: 22886240
 Fax: 24620218

PAFOS OFFICE:
 44, Georgiou Griva Digeni Ave.
 8047 PAFOS
 P.O.Box 61093
 8130 PAFOS
 Tel.: 22886260
 Fax: 26947705

When did you first notice your Pet was missing? (Date, time and place)	
Where and when was your Pet last seen? (Date, time and place)	
If your Pet has been recovered, please state: (Date, time and place)	
Please advise circumstances of loss	
Reference number from police & contact number of Police	
Costs of Local advertising (Please attach original receipts)	
Reward details – Name, address and contact number of person claiming reward for return of your Pet	
Note: Reward must be agreed in advance with Atlantic Insurance Co Ltd	

Boarding Fees			
Date(s) of Hospitalisation:	From:		To:
Name of Doctor, Hospital & telephone number			
Medical condition requiring hospital treatment?			
Date of the first visit to any doctor for this condition			
Name of Kennel/Home Carer & telephone number			
Amount in total (EUR)		Note: Please attach original relevant receipts and expenses from the boarding kennel or cattery as well as original confirmation from your doctor/hospital you were being treated.	

Third Party Liability

HEAD OFFICE:
 15, Esperidon Str.
 2001 STROVOLOS
 P.O.Box 24579
 1301 NICOSIA
 Tel.: 22886000
 Fax: 22886111

LIMASSOL OFFICE:
 18, Vasili Vrionide Str.
 3095 LIMASSOL
 P.O.Box 57136
 3313 LIMASSOL
 Tel.: 22886250
 Fax: 25370555

LARNACA OFFICE:
 3, Leonida Kiouppi Str.
 6030 LARNACA
 P.O.Box 40588
 6305 LARNACA
 Tel.: 22886240
 Fax: 24620218

PAFOS OFFICE:
 44, Georgiou Griva Digeni Ave.
 8047 PAFOS
 P.O.Box 61093
 8130 PAFOS
 Tel.: 22886260
 Fax: 26947705

Date, time and place of incident.			
If reported to the police please give reference number and a contact.			
Please explain how the incident happened.			
Was your Pet on a leash when the incident happened?			
Has your Pet ever behaved or reacted in this way before?			
If yes please provide details.			
Who was in charge of the Pet, at the time of the incident? (Details not required if this was the policyholder) Name, address and telephone number(s).			
Why was this person in charge of your Pet at the time?			
Name, address and telephone number(s) of Injured Person(s).			
Please describe the nature and extent of injuries.			
Was the injured person(s) treated by a Doctor, Paramedics or First Aider at the scene of the incident?			

HEAD OFFICE:
15, Esperidon Str.
2001 STROVOLOS
P.O.Box 24579
1301 NICOSIA
Tel.: 22886000
Fax: 22886111

LIMASSOL OFFICE:
18, Vasili Vrionide Str.
3095 LIMASSOL
P.O.Box 57136
3313 LIMASSOL
Tel.: 22886250
Fax: 25370555

LARNACA OFFICE:
3, Leonida Kiouppi Str.
6030 LARNACA
P.O.Box 40588
6305 LARNACA
Tel.: 22886240
Fax: 24620218

PAFOS OFFICE:
44, Georgiou Griva Digeni Ave.
8047 PAFOS
P.O.Box 61093
8130 PAFOS
Tel.: 22886260
Fax: 26947705

If the injured person(s) were taken to hospital please provide the name of the hospital			
Name, address and telephone number of other animal's owner?			
Did the animals know each other before the incident? (If yes please state for how long).			
Was the other animal on a leash at the time of the incident?			
Have there been any previous aggression incidents between them? (If yes please give details)			
How does your Pet react normally to this sort of animal?			
Please describe the property which was damaged and the damage caused?			
Name, address and telephone number(s) of owner of the property			

I declare to the best of my knowledge and belief, the information I have given is true and complete on this claim form. I hereby authorise ATLANTIC Insurance Co. Public Ltd, to obtain any information it requires to assist my claim.

Signed:

Date:

Name:

HEAD OFFICE:
15, Esperidon Str.
2001 STROVOLOS
P.O.Box 24579
1301 NICOSIA
Tel.: 22886000
Fax: 22886111

LIMASSOL OFFICE:
18, Vasili Vrionide Str.
3095 LIMASSOL
P.O.Box 57136
3313 LIMASSOL
Tel.: 22886250
Fax: 25370555

LARNACA OFFICE:
3, Leonida Kiouppi Str.
6030 LARNACA
P.O.Box 40588
6305 LARNACA
Tel.: 22886240
Fax: 24620218

PAFOS OFFICE:
44, Georgiou Griva Digeni Ave.
8047 PAFOS
P.O.Box 61093
8130 PAFOS
Tel.: 22886260
Fax: 26947705