



Claim Form for Third Party Liability

To help us process your claim as quickly as possible, please ensure that you complete the claim form in full and tick below if you are attaching the following information:
Any (unanswered) correspondence received from a third party or third party representative

Any other documentation/information that you feel is relevant to your claim

PLEASE EMAIL YOUR COMPLETED FORM TO PETCLAIMS@INSURANCEFACTORY.CO.UK OR POST TO THE CONNECT CENTRE, KINGSTON CRESCENT, PORTSMOUTH, PO2 8QL

1. About You - to be completed by the Policyholder

Cover My Policy Number	
Insured Name	
Address	
Post Code	
Telephone (home)	
Telephone (mobile)	
Email	

2. About Your Pet - to be completed by the Policyholder

Your Pet name	
Pedigree name (if applicable)	
Age of Pet	
Date of birth	
Sex of pet	
How long have you owned your pet	

3. Details of your Household Insurance

(required as your Household Insurance Liability cover may also be involved)

Insurance Company	
name of policyholder	
Policy number	

4. Details of the Incident

Date of Incident			
Time of Incident			
Place where incident happened			
Please explain what happened			
Was your insured pet killed or injured?	<input type="checkbox"/> injured	<input type="checkbox"/> killed	
Was you insured pet on a lead at the time	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes what type of lead was being used			
Has your Insured pet ever reacted or behaved in this way	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes please provide details			
Who was in charge of the insured pet at the time <small>(details not required if this was the Policyholder named on the Schedule)</small>			
Address			
Postcode			
Telephone (home)			
Mobile			
Email			
What is this person's relationship to you			

For the following sections 5 – 8 please only complete those that are relevant

5. Fight Injuries

Name of other animals' owner			
Address			
Postcode			
Tel number (home)			
Mobile			
Email			
Animal breed			
Animals age			
Was the other animal on a lead	<input type="checkbox"/> yes	<input type="checkbox"/> no	
if yes have there been any previous incidents of aggression between them	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes please give details			

6. Personal Injuries

Name of injured person			
Address			
Postcode			
Telephone (home)			
Mobile			
Email			
Details of injuries			
Was the injured person known to you	yes	no	
if yes please confirm details			
Was the injured person treated by emergency services at the scene	yes	no	
If the Injured person was taken to hospital which state details			
Are the police involved	yes	no	
if yes please confirm which police force and station and name and number of investigating officer			
if yes please confirm any crime / Incident reference number you have been given			

7. Third Party Motor Vehicle Damage

Name of vehicle owner			
Name of vehicle driver (if different to owner)			
Address of vehicle owner			
Postcode			
Telephone number (home)			
Mobile			
Email			
Make / model of vehicle			
Vehicle registration			
Name of vehicle insurance company			
Policy number			
Describe damage to the vehicle			
What were the road / weather conditions at the time			
What speed limit applies to the road			
if dark was the road lit by street lighting			

8. Property Damage (non vehicular)

Name of property owner	
Address	
Post code	
Telephone (home)	
Mobile	
Email	
What property was damaged	
What is the damage to that property	
What is the value of that property	
Name of property owners insurance company	
Policy number of property owners insurance	

9. Witness Details

Please provide details of any Witnesses to the incident(s) in Sections 5 – 8 above

Witness 1

Name	
Address	
Post code	
Telephone (home)	
Mobile	
Email	
is the witness known to you	yes <input type="checkbox"/> no <input type="checkbox"/>
if yes please detail	

Witness 2

Name	
Address	
Post code	
Telephone (home)	
Mobile	
Email	
is the witness known to you	yes <input type="checkbox"/> no <input type="checkbox"/>
if yes please detail	

If there are other witnesses, please detail these on a separate sheet

Policyholders Declaration

I declare to the best of my knowledge and belief that the information I have given is both true and complete

I understand that the information given on this form may be submitted to Solicitors for use in connection with any litigation arising out of this incident

Name	
Date	
Signature	