



Scratch & Patch

Scratch & Patch Claims

PO Box 800

Elland

HX1 9ET

Telephone 0330 1026839

Email claims@scratchandpatch.co.uk

Third Party Liability claim form

Please provide the following information and return to Scratch & Patch Claims, PO Box 800, Elland, HX1 9ET or email to claims@scratchandpatch.co.uk along with supporting documents.

Policyholder details

| | |
|---|--|
| Name | |
| Address | |
| Post Code | |
| Contact telephone number(s) | |
| Email address | |
| Policy Number | |
| Period of insurance from and to dates (dd/mm/yy) | |

Insured pet details

| | |
|----------------------|--|
| Pet Name | |
| Type / breed | |
| Colour / description | |
| Date of birth | |

| | |
|---|--|
| Purchase price | |
| Is the pet neutered? | |
| Is the pet chipped? If yes what is the chip number? | |

Claim details

| | |
|---|--|
| Date of incident? | |
| Time of incident? | |
| Where did the incident take place? | |
| Who was in charge of the insured pet? | |
| When was the incident reported to you? | |
| Was the incident reported to the police? (if reported to the Police please provide the Crime Reference Number) | |
| Has any claim been made against you? If yes, please provide details | |
| Full description of the incident | |
| Name and address of witnesses | |

Name and address of Third Party

Details of any other insurance policy covering you in respect of the incident e.g. home insurance, including name and address of the insurer, the type of policy and the policy number.

Important notes

You are responsible for the excess that appears in your policy schedule that applies to Third Party Liability claims.

All communication and claims received by you concerning the incident are to be forwarded immediately without acknowledgement .

You should ensure that you follow the special conditions relating to Third Party Liability claims in your policy wording.

Declaration

I declare to Hiscox Insurance Company Limited that the particulars of this claim are 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.

Signature of Policyholder

Date

Name in block capitals

Using your personal information

Hiscox (Your insurer) is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at dataprotectionofficer@hiscox.com

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy.