

## Third Party Liability claim form

Please provide the following information and return to:

Scratch & Patch Claims, Davies Building, PO BOX 1392, Preston, PR2 0XE. PO Box 1392 or email to claims@scratchandpatch.co.uk along with supporting documents. PR2 0XE

#### Scratch & Patch

Scratch & Patch Claims
Davies Building
PO Box 1392
Preston
PR2 0XE
Telephone 0330 1026839
Email claims@scratchandpatch.co.uk

## 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 ETU Forsikring A/S 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

ETU Forsikring A/S (Your insurer) Hærvejen 8 DK-6230 Rødekro Denmark CVR nr. 30072855

ETU Forsikring A/S is a Data Controller as defined under the EU General Data Protection Regulation ('GDPR').

You can reach our Data Protection Officer by post at the aforementioned address (please include the additional address line "Data Protection Officer") or by e-mail via our data privacy group mailbox: E-mail: <a href="mailto:dpo@etuforikring.dk">dpo@etuforikring.dk</a>

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 <a href="https://etuforsikring.dk/privacy-policy">https://etuforsikring.dk/privacy-policy</a>