COSMOS insurance

petCARE

Claim Form

Pet Insurance

Instructions in case of an insured event:

- Please complete in full all relevant questions in this Claim Form,
- If an additional page needs to be used, make sure it is dated and signed by you,
- Provide all necessary documents to substantiate your claim

In case of a claim for accident or Illness related expenses, please submit a copy of your pet's health book.
The supply or acceptance of this form is not an admission of liability by the Company.

Company use only:

Claim Number			
Intermediary Code		Policy Number	

Notes

COSMOS INSURANCE COMPANY PUBLIC LTD
Head Office: 46, Griva Digeni Avenue, 1080 Nicosia
T: +357 22 796000 | info@cosmosinsurance.com.cy

1. POLICYHOLDER'S DETAILS

Full Name:		Identification or Passport Number:	
Telephone No.:		Occupation:	
Email Address:			

Postal Address			
Street and number:			
Post Code:		Town or Village:	
District:			

2. POLICY DETAILS

Policy Number:	

petCARE plan: petCARE basic ☐ petCARE classic ☐ petCARE plus ☐

3. PET'S DETAILS

Pet's Name:		Pet's Breed:	
Pet's Age:		Microchip Serial No.:	

4. DETAILS OF ACCIDENT (IF THE CLAIM IS A RESULT OF AN ACCIDENT)

Date of accident:		Time of accident:	
Place of accident:			

Please describe in detail how the accident occur:

Details of Witnesses (if any):

Full Name:		Phone Number:	
Full Name:		Phone Number:	

Details of Doctor or Clinic who treated the pet:

Name:		Phone Number:	
Full Address:			
Did the pet stay overnight for treatement?		YES ☐	NO ☐
If YES, give details	From:	To:	

5. DETAILS OF ILLNESS (IF THE CLAIM IS A RESULT OF AN ILLNESS)

Date of Symptoms (First appear):	
Details of illness:	
Details of treatment:	

Details of Doctor or Clinic who treated the pet:

Name:		Phone Number:	
Full Address:			
Did the pet stay overnight for treatement?		YES ☐	NO ☐
If YES, give details	From:	To:	

6. THIRD PARTY LIABILITY CLAIM

Date of incident:		Time of incident:	
Place of incident:			

Please describe in detail how the incident occur:

Details of Witnesses (if any):

Full Name:		Phone Number:	
Full Name:		Phone Number:	

Have you been contacted by a lawyer representing the other party? YES ☐ NO ☐

If **YES,** please provide details:

7. CANCELLATION OF TRIP

Date of Trip:	From:		To:	

Please describe in detail the reason for cancelling your trip:

State the amounts claimed:	

Please attach any trip related receipts such as airplance tickets, hotel bookings, etc.

8. KENNEL AND CATTERY RELATED EXPENSES

Date of hospitalization:	From:		To:	

Please describe in detail the reason for your hospitalization:

State the amounts claimed:	

Please attach any related receipts and admittance and discharge note of hospital.

9. DEATH BENEFIT

Date of Death:		Time of Death:	
Place of Death:			

Please describe in detail how tdid he pet die:

10. DECLARATION

I hereby certify that this claim submission does not contain any false, misleading or incomplete information. If a claim is wholly or partially fraudulent or intentionally exaggerated or if fraudulent, means/ devices have been used we will not pay any benefits in relation to that claim. In addition, the amount of any claim settlement made prior to the discovery of the fraudulent act or omission will become immediately repayable. A fraudulent claim may result in a criminal prosecution.

PRIVACY INFORMATION

In order to manage a claim, we and/or our associates may need to process categories of personal data which have additional protection under provisions of the Law 125(I) 2018. The personal data will be used only for the purposes for which it was collected. The personal data will be stored in Cosmos Insurance databases and also in the database of its associates who assist in claims handling (Third Party Claims Administration). The data will always be processed in accordance with Cosmos's privacy policy, available at https://cosmosinsurance.com.cy/privacy-policy/.

If you require any further information please contact Data Protection Officer by emailing DPO@cosmosinsurance.com.cy or writing to the Data Protection Officer, Cosmos Tower, 46 Griva Digeni Avenue, 1080 Nicosia, Cyprus.

Please indicate your consent by ticking the box below:

I expressly consent to Cosmos Insurance processing categories of personal data which have additional protection under data protection law, such as medical records and other medical information. I may withdraw my consent at any time. However, if my consent is withdrawn, this may impact the company's ability to provide insurance or pay claims.

Date: _____ **Signature:** _____