

# CLAIM FORM

## TRIP CANCELLATION – Griffe Santé Pet Insurance



### PET OWNER (YOU MAY APPLY A LABEL)

Family Name: \_\_\_\_\_ Policy No: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone (home): (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail (home): \_\_\_\_\_@\_\_\_\_\_  
Telephone (work): (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail (work): \_\_\_\_\_@\_\_\_\_\_  
Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### PET

Name of your pet: \_\_\_\_\_ Cat  Dog   
Race: \_\_\_\_\_ Male  Female   
Colour: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Tattoo ID number: \_\_\_\_\_

### YOUR TRIP

Please provide reservation and cancellation forms (or receipts) from the travel agency or other business involved in the organization of your trip. Based on these documents, please complete the following:

Date of reservation: \_\_\_\_\_ Cost of trip: \$ \_\_\_\_\_  
Departure date: \_\_\_\_\_ Scheduled return date: \_\_\_\_\_  
Cancellation date: \_\_\_\_\_ Actual return date: \_\_\_\_\_  
Other non-refundable expenses: \$ \_\_\_\_\_

### YOUR PET'S SICKNESS OR INJURY (***TO BE COMPLETED BY YOUR VETERINARIAN***)

**IMPORTANT! IN ORDER TO CLAIM YOUR FEES, THE CLAIM FORM FOR "SICKNESS AND ACCIDENT" MUST ALSO BE COMPLETED**

Name of sickness or injury: \_\_\_\_\_

Start date of sickness or injury: \_\_\_\_\_

Date of first treatment: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

To the best of your knowledge, do you believe that this medical treatment was necessary because the animal's life was in danger? Yes  No

I declare that I have verified the information on this claim and confirm that it is true to the best of my knowledge.

\_\_\_\_\_  
Name of veterinarian

\_\_\_\_\_  
Signature of veterinarian

\_\_\_\_\_  
Date

**Stamp or name of clinic**

### DECLARATION OF THE POLICY OWNER

I understand and accept that the requested fees may not be covered or may exceed the coverage of my insurance policy. I authorize my veterinarian to send my pet's medical file to Optimum Insurance Company Inc. and/or to discuss any treatment and coverage with their claims department. I declare that this claim is made in good faith. All fraudulent claims will result in cancellation of the claim and of the policy.

\_\_\_\_\_  
Policy Owner's Signature

\_\_\_\_\_  
Date

**Please attach original invoices**

## HOW TO MAKE A CLAIM

STEP 1 – Be sure to use the appropriate claim form for the type of claim that you are making. You may complete the document on-line and then print it, or you may print it and complete it by hand. **IF THIS IS THE CASE, PLEASE WRITE CLEARLY.**

STEP 2 – Your veterinarian must complete and sign this form. Please use the claims form for SICKNESS AND ACCIDENT for fees related to treatment carried out by the veterinarian.

STEP 3 – Complete and sign the form where indicated.

STEP 4 – Attach the original invoices to the completed and signed form. **KEEP COPIES FOR YOUR FILES.**

STEP 5 – Mail the form and invoices to the following address:



**Griffe Santé Claims Department  
Optimum Insurance Company Inc.  
425 De Maisonneuve Blvd. West – Suite 1500  
Montreal, Quebec H3A 3G5  
Toll-free telephone 1-800-361-7653**

\*\* There are time limitations on submitting claims. Claims must be submitted within six (6) months following the date of treatment. For cancelled policies, claims must be submitted within sixty (60) days of cancellation of the contract.