



**Lifetime, Maximum Benefit  
& Time Limited for Cats & Dogs**







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# INTRODUCTION TO YOUR POST OFFICE PET INSURANCE POLICY

## Lifetime, Maximum Benefit & Time Limited for Cats & Dogs

### INTRODUCTION

This policy booklet provides **you** with the Terms and Conditions for the Post Office Lifetime, Maximum Benefit and Time Limited Pet Insurance which meet the demands and needs of a person who wishes to ensure that the veterinary costs of their **pet** are met now and in the future.

The Terms and Conditions provide **you** with the details of **your pet's** cover and form part of **your** insurance contract together with **your certificate of insurance** and any future endorsement documents. **Your certificate of insurance** is the personalised document which shows the type of policy **you** have and the **maximum benefits, excess** and any special conditions and exclusions that apply to the cover **you** have selected.

It is important to read these Terms and Conditions alongside **your certificate of insurance** so that **you** know what **your** insurance does and doesn't cover and understand the requirements for making a claim. If any of the information contained in **your certificate of insurance** is incorrect please contact **us** straight away so that **we** can update **your** policy record.

**Your** policy is sold, underwritten and administered by Pinnacle Insurance plc.

All sections of this policy apply to **your pet**, except in the case of a cat where the Third Party Liability cover - Section 4H - is not included.

This policy uses words and phrases that have specific meanings. **You** will find these explained in Section 2 - Definitions. Defined words are shown in **bold** wherever they appear. The singular shall include the plural and vice versa.

You can submit, track and manage a claim and make changes to your policy by logging into



### My Account Pet – [postoffice.co.uk/myaccountpet](https://postoffice.co.uk/myaccountpet)

Alternatively if **you** need to speak to **us**, please call **us** on  
**0330 123 1921**

To improve the quality of **our** service, **we** may monitor and record telephone calls. The cost of calls to 03 prefixed numbers are charged at national call rates and charges may vary dependent on **your** network provider.

### Address your letter to the relevant department:

General Enquiries or Cancellations: Customer Service Department

Claims: Claims Department

Complaints: Customer Relations Department

and send to: Post Office Pet Insurance



Pinnacle House

A1 Barnet Way

Borehamwood

Hertfordshire WD6 2XX

**REMEMBER:** Your Post Office Pet Insurance policy gives you access to **Petcall** for any non-emergency pet health queries, behavioural and nutritional advice and an opportunity to talk to someone should you sadly lose your pet.

Call **Petcall** any time of the day or night on **0330 123 1923**. Make sure that **you** have **your** policy number available when **you** call.



If **you** prefer, **you** can also speak to **Petcall** via **Live Chat**.

The link to do this can be accessed by logging into **My Account Pet**.

### But remember, in an emergency.....



**You** should always consult **your vet** immediately if **your** pet has collapsed, is unconscious or has been involved in a serious accident.

If **you** then need to make a claim, please:

log into **My Account Pet** or call us on **0330 123 1921**

# 2 DEFINITIONS

**Accidental Injury** means a sudden and unforeseen injury which is the result of an identifiable and known cause or event during the **policy year**. This includes any **symptoms**, whether or not diagnosed.

**Certificate of Insurance** means the personalised document issued by **us** which sets out the details of **your** cover, and which should be read together with the terms and conditions of the policy.

**Complementary Treatment** means hydrotherapy, osteopathy, massage and healing, laser treatment, electrical muscle stimulation, acupuncture or chiropractic **treatment**.

**Condition(s)** means any **illness** or **accidental injury** whether or not it results in a diagnosis. There will be **conditions** that will fall in the following categories:

1. **Bilateral Condition(s)** means any **condition** affecting right and left sides or paired organs or body parts of **your pet** such as (but not limited to) ears, eyes, cruciate ligaments, hips and patellae, where there is an underlying cause;
2. **Recurring Condition(s)** means any previous **illness** or any **symptoms** relating to that **illness** or a previous **accidental injury** or any **symptoms** relating to that **accidental injury** that may come back or that **your pet** is prone to, no matter how many times this comes back or how many areas of the body are affected;
3. **Related Condition(s)** means if a number of **illnesses**, accidental injuries or **symptoms** are:
  - (a) diagnosed as one **illness** or **accidental injury**; or
  - (b) caused by, relate to, or result from another **illness**, **accidental injury** or **symptom**.

When applying a **maximum benefit** or exclusion, **we** will consider **bilateral conditions**, **recurring conditions** or **related conditions** as one **condition**.

**Excess(es)** means the amount **you** are required to pay as part of each **vet fees** claim and may be a defined amount (for example £100) and/or a percentage contribution (for example 25%). The **excess** applicable for **your** current **policy year** is shown in **your certificate of insurance**. **You** should note that when **your pet** reaches a certain age this excess is likely to change. This change and the age when it applies for **your pet** is shown on **your certificate of insurance** and **you** will be informed of the change at least one year before it is applied.

**Family** means **your** spouse, civil partner, partner with whom **you** currently live, children, parents, or other relatives who normally live with **you**.

**Helpline** means the helpline operated by Petcall, a trading name of Vetsdirect Limited.

**Illness** means physical disease, sickness, abnormality, infection or failure which is not caused by an **accidental injury**. This includes any **symptoms**, whether or not diagnosed.

**Market Value** means the cost for an animal of the same age, breed, pedigree, sex and breeding ability as **your pet**.

**Maximum Benefit** means the most **we** will pay in respect of any element of cover as set out in **your certificate of insurance**.

**Microchipping Legal Requirements** means The Microchipping of Dogs (England) Regulations 2015 (as amended or replaced) and the, or any, equivalent legislation applying in Wales, Scotland and Northern Ireland providing for the microchipping of dogs as required by law.

**My Account Pet** means the online platform (postoffice.co.uk/myaccountpet) where **you** can manage **your** policy and submit and track claims.

**Pet** means the cat or dog named and described on the **certificate of insurance**.

**PETS** means Pet Travel Scheme, the United Kingdom Government scheme, administered by the Department for Environment, Food and Rural Affairs (DEFRA) allowing **you** to take **your pet** abroad to certain specific countries and re-enter the United Kingdom without the need for **your pet** to go into quarantine provided certain criteria have been adhered to. The scheme is also known as the **PETS**.

**Policy Year** means the 12 month period shown on **your certificate of insurance** during which **your premium** and benefit levels are guaranteed. However, if there is a change to **your** circumstances (specifically notified by **you**) or correction to **your pet's** details, it may be necessary to alter **your premium** during that 12 month period.

**Premium(s)** means the premium payable by **you** in respect of this insurance.

**Start Date** means the date on which **your pet** first becomes covered under this policy as shown on **your certificate of insurance**.

**Symptom(s)** means a change in **your pet's** normal healthy state, its bodily functions or behaviour.

**Treatment(s)** means any examination, consultation, advice, tests, X-rays, medication, surgery, nursing and care provided by a **vet**, veterinary practice or member of an approved professional organisation following **your vet's** instruction, which **we** deem necessary in line with the Royal College of Veterinary Surgeons code of professional conduct up to the limits set out in **your certificate of insurance**. **We** may telephone **your vet** to confirm that **treatment** was appropriate for the particular **condition**.

**Vet** means:

1. in the United Kingdom, the Channel Islands or the Isle of Man, a member of the Royal College of Veterinary Surgeons, actively working as a veterinary surgeon or holding a veterinary degree approved by the Royal College of Veterinary Surgeons; or
2. outside the United Kingdom, the Channel Islands or the Isle of Man, a veterinary surgeon who is registered and actively working in a country covered by the **PETS**.

**Vet Fees** means fees charged to provide **treatment** for a **condition**.

**We, Us, Our** means Pinnacle Insurance plc (Company Registered number 1007798) which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register number 110866). It is a member of the BNP Paribas Group and its registered office address is at Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX.

**You, Your, Yourself** means the person named in the **certificate of insurance** who is responsible for **your pet**. Joint policyholders are not permitted. If **your pet** is owned by more than one person **you** must select one to be the policyholder.

**You** can insure **your pet** from 8 weeks of age. The upper limit to start a new policy for most breeds of dogs is their 8<sup>th</sup> birthday. For some breeds of dogs it is their 5<sup>th</sup> birthday.

For cats, the upper age limit is their 10<sup>th</sup> birthday.

Once **your pet** is insured cover can continue beyond these upper age limits subject to the terms and conditions of this policy.

### Lifetime Cover

The **maximum benefits** payable under this policy per **policy year** are shown in **your certificate of insurance**.

### Maximum Benefit Cover

The **maximum benefits** payable for each **condition** under this policy are shown in **your certificate of insurance**. Each **condition** is only covered until the **maximum benefit** as shown on **your certificate of insurance** is paid for that **condition**. After this, **we** will not make any further claims payments for that **condition** or any **bilateral, recurring or related conditions**.

### Time Limited Cover

The maximum benefits payable for each **condition** under this policy are shown in **your certificate of insurance**. Each **condition** is only covered for 12 months calculated from the first date of **treatment** or until the **maximum benefit** is paid for that **condition** whichever occurs first. After this, **we** will not make any further claims payments for that **condition** or any **bilateral, recurring or related conditions**.



## A. VETERINARY FEES

### What we will pay:

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We will repay **you** or **your vet** the cost of any **treatment your pet** has received for a **condition(s)**, up to the limits set out in **your certificate of insurance**. We may contact **your vet** to confirm the **treatment** was appropriate for the particular **condition**. If we believe these fees and/or **treatment** are excessive, we will negotiate with **your vet** on **your** behalf and we may ask **you** to seek an alternative **vet** for future **treatment**. Otherwise we may not be able to pay future claims.

### What you pay:

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**You** are required to pay the **excess** as shown on **your certificate of insurance**.

### What you are covered for:

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1. **vet fees** up to the **maximum benefit** stated on **your certificate of insurance**;
2. any herbal or homeopathic treatment **your vet** recommends;
3. any **complementary** and physiotherapy **treatment your vet** recommends up to the limits specified on **your certificate of insurance**;
4. the cost of having **your pet** put to sleep (euthanasia) if recommended by or agreed with **your vet**;
5. 25% of the cost of a clinical diet for **your pet** for a maximum period of 6 months per **condition**, provided it is recommended by **your vet** for a treatable **condition** other than for obesity/weight loss;
6. the cost of **treatment** for a dental **condition** and any **related conditions**, provided:
  - (a) there is a history of annual check-ups (or if not annual as recommended by **your vet**) and evidence that any advice given has been followed within 6 months; and
  - (b) the **treatment** is to relieve suffering due to illness;
7. the cost of dental **treatment** as a result of an **accidental injury**;
8. ongoing **treatment** of a **condition** providing the policy remains in force, subject to the "We will not pay for" section; and
9. The cost of any **treatment your pet** has received in any country included in the **PETS** (England) Order 1999 (as amended, supplemented or re-enacted) during the **policy year**, subject to the **maximum benefit**. **You** are covered for a maximum of 90 days in any **policy year** whilst in any of the countries included in the **PETS**, subject to **you** complying with all the requirements of the **PETS**.

## We will not pay for:

1. Any **condition** or **symptom**, or anything related to it, that **you** were aware of or has been noted and/or investigated by a **vet**, before this policy started;
2. any excluded **condition** stated on **your certificate of insurance**;
3. the cost of any **treatment** for any **illness** which occurs or shows **symptoms** within 14 days of the **start date**;
4. any **treatment** for **accidental injury** or poisoning which occurs or shows **symptoms** within 3 days of the **start date**;
5. the **excess**;
6. any amount more than the **maximum benefit** as set out in **your certificate of insurance**;
7. any **treatment your pet** has received outside the 12 months period if **you** have Time Limited Cover;
8. house calls, any extra cost for out of hours **treatment**, or ambulance fees, regardless of **your** personal circumstances, unless **your vet** confirms that moving **your pet** or waiting until normal surgery hours would either endanger its life or significantly worsen the **condition**;
9. any cost relating to routine or investigative tests including but not limited to pre-operative blood tests, unless these are to diagnose a **condition** due to specific existing **symptoms** and the **condition** is covered under this policy;
10. any routine and preventative **treatments**, vaccinations, cosmetic dentistry, cosmetic surgery, cleaning and descaling of teeth, spaying, castration, routine removal of dew claws, parasite control **treatments**, grooming and nail clipping;
11. any complications arising from cosmetic **treatments** or where **your vet** confirms the **treatment** was not necessary;
12. the cost of **treatment** for a dental **condition** and any **related conditions**, unless:
  - (a) there is a history of annual check-ups (or if not annual, as recommended by **your vet**) and evidence that any advice given has been followed within 6 months; and
  - (b) the **treatment** is to relieve suffering due to **illness**;
13. the cost of any dental crowns, root canals or fillings;
14. any **treatment** related to deciduous teeth if **your pet** is over 16 weeks of age at the **start date**;
15. any **treatment** related to retained testes if **your pet** is over 16 weeks of age at the **start date**;
16. the cost of any food except as set out in "What you are covered for" 5;

## We will not pay for Cont\...

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17. the cost of any post mortem examination;
18. any **treatment** for an **illness** that is preventable by vaccination and **you** failed to vaccinate as recommended by **your vet**;
19. the cost of any **treatment** for fleas except where this is used to treat a skin condition, in which case **we** will pay the cost of 1 flea **treatment**;
20. any more than one protective collar (or cone), protective boot (one per foot), protective shirt or harness per **treatment**;
21. any **treatment** related to pregnancy, giving birth or breeding and any complications thereof;
22. any **treatment** which **your vet** confirms **you** could have provided in **your** home **yourself**;
23. any organ or stem cell transplants, prostheses and any associated **treatment**;
24. the cost of surgical items that can be used more than once;
25. travelling expenses;
26. claims resulting from **your** dog being involved in a fight where **your** dog has a history of **treatment** following fighting;
27. any **treatment** following a fight between two or more of **your pets** or where one of the pets involved is living at **your** address but belongs to a member of **your family** or anyone else living with **you** on a permanent or temporary basis;
28. any **treatment** for an injury or **illness** deliberately caused by **you** or anyone living with **you**;
29. any fees charged by **your vet** for completing claim forms;
30. any fees charged by **your vet** for referral to another **vet**;
31. any claims for **treatment** not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing **treatment**;
32. any costs associated with complying with the requirements of the **PETS**; or
33. claims arising outside the designated **PETS** countries, the United Kingdom, the Channel Islands and the Isle of Man.

## B. DEATH FROM ACCIDENT OR ILLNESS

### What we will pay

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We will repay **you** the price **you** paid for **your pet** up to the **maximum benefit**, if it dies during the **policy year**.

We will pay this benefit in addition to any **treatment** costs already paid to treat **your pet**.

If **you** have no formal proof of payment, **we** will pay **you** whichever is the lower value of the amount **you** disclosed at the time of **your** application for cover or the **market value** (up to the **maximum benefit**). If **you** did not pay for **your pet**, **we** will pay **you** the **market value**.

### We will not pay:

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1. if **your pet** dies as a result of an **accidental injury** or poisoning which occurs or shows **symptoms** within 3 days of the **start date**;
2. if **your pet** dies as a result of an **illness** which occurs or shows **symptoms** within 14 days of the **start date**;
3. if **your pet** dies due to any **condition** or **symptom**, or anything related to it, that **you** were aware of or has been noted and/or investigated by a **vet**, before the **start date**;
4. more than the **maximum benefit**;
5. if death results from an **illness** in any cat aged 10 years or over or any dog aged 8 years or over. For some breeds of dogs, we will not pay if it is 5 years or over. If **your dog** is one of these breeds this will be highlighted on **your certificate of insurance**;
6. for the cost of **your pet** where a decision is made to put the **pet** to sleep (unless the **vet** confirms it was not humane to keep **your pet** alive); or
7. any cost for death resulting from pregnancy, giving birth or breeding.

## C. CREMATION OR CEMETERY BURIAL

### What we will pay

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We will pay **you** up to £200 for the cost of cremation or cemetery burial if **your pet** dies or is put to sleep by a **vet** as a result of an **accidental injury** or **illness**.

### We will not pay

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If **your pet** dies due to an accident or **illness** not covered under the Death From Accident or Illness benefit.

We understand how difficult it is to lose a **pet**, so should **you** feel **you** need to talk to someone about **your** bereavement, please do not hesitate to call the **Helpline** for a confidential chat on 0330 123 1923.

## D. FINDING YOUR PET

### What we will pay

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We will repay **you** for any local advertising expenses, rewards and other costs **you** have had to pay to help recover **your pet** after it is stolen or strays during the **policy year**, up to the **maximum benefit**.

### We will not pay:

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1. if **your pet** is stolen or strays within 14 days of the **start date**;
2. any reward not supported by a signed receipt giving the name, address and telephone number of the person who found and returned **your pet** to **you**;
3. any reward to a **family** member;
4. any reward to the person who was caring for **your pet** when it was lost or stolen;
5. any costs for services provided by another person, company, organisation or pet detective other than producing posters and leaflets for local advertising and communicating the loss on the internet and social media; or
6. if **your dog** is not microchipped in line with the applicable **microchipping legal requirements** in force at the time of any claim (save where this is certified as not being required including for reasons of animal health).

## E. THEFT AND STRAYING

### What we will pay

---

We will repay **you** the price **you** paid for **your pet** up to the **maximum benefit**, if during the **policy year** **your pet** is stolen or strays and is not recovered within 30 days.

If **you** have no formal proof of payment, **we** will pay **you** whichever is the lower value of the amount **you** disclosed at the time of **your** application for cover or the **market value** (up to the **maximum benefit**). If **you** did not pay for **your pet**, **we** will pay **you** the **market value**.

### What you need to do

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As soon as **you** find out **your pet** is missing, **you** must report this to the **vet** which is closest to where **your pet** went missing, local rescue centre or local authority warden.

If **your pet** is found after **we** have paid **you**, **you** must repay **us** all the money **you** received. **We** may take legal action to recover the money if **you** fail to repay **us**.

### We will not pay this benefit:

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1. if **your pet** is stolen or strays within 14 days of the **start date**; or
2. if **your dog** is not microchipped in line with the applicable **microchipping legal requirements** in force at the time of any claim (save where this is certified as not being required including for reasons of animal health).

## F. YOUR HOSPITALISATION AND BOARDING FEES

### What we will pay

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We will repay **your** kennel or cattery fees to **you** that **you** have had to pay up to the **maximum benefit**, if during the **policy year**:

1. **you** or a member of **your family** is ill or injured and have to spend more than 48 hours in hospital; and
2. **your pet** stays in a licensed kennel or cattery while **you** are hospitalised.

Or, if **you** ask someone who is not living with **you** to look after **your pet** while **you** are in hospital, **we** will pay a daily rate of £15, subject to the **maximum benefit**.

### We will not pay any costs resulting from your hospitalisation:

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1. for alcoholism, drug abuse, self-inflicted injuries, pregnancy or giving birth; or
2. for an **illness** or **accidental injury** first occurring or showing **symptoms** before the **start date**; or
3. for an **illness** first occurring or showing **symptoms** within 14 days of the **start date**.

## G. HOLIDAY CANCELLATION

### What we will pay

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We will repay **you** the cost of any lost travel and accommodation expenses up to the **maximum benefit**, if during the **policy year** **you** or any member of **your family** cancel **your** holiday less than 7 days before **you** were due to leave or **you** come home early, because **your pet** goes missing while **you** are away or **your vet** advises **your pet** needs life-saving **treatment**.

### We will not pay:

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1. costs for anyone else who was on holiday with **you** other than members of **your family**;
2. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** which **your vet** confirms is not life-saving;
3. if **you** cancel **your** holiday or come home early because **your pet** needs **treatment** arising from:
  - (a) a **condition** which occurs or shows **symptoms** before the **start date**; or
  - (b) a **condition** which occurs or shows **symptoms** within 14 days of the **start date**;
4. if **you** booked **your** holiday less than 28 days before **you** were due to leave; or
5. if **you** can claim these expenses back from any other source e.g. travel insurance.

## H. THIRD PARTY LIABILITY (DOGS ONLY)

**This cover does not apply if you are already insured under any other home contents or liability policy, unless the cover provided by that policy has been exhausted.**

**You** must provide **us** with details of any other insurances which may provide cover for the accidental damage to property or **accidental injury** or death of another person, which has given rise to **your** claim. **We** will then contact the other insurer(s) to determine who will handle **your** claim and **our** liability for any compensation, costs and expenses, which will be determined by reference to the cover provided under each of the relevant policies.

Please note that for this section of cover only (Section 4 H. Third Party Liability), references to **we/us/our** refer to Pinnacle Insurance Company and/or their nominated claims handler Ageas Insurance Limited (Company Reg. No. 354568). Registered in England and Wales. Registered Office: Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA. Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Financial Services Register No. 202039. Ageas collects and uses personal information where there is a justifiable reason for doing so, such as processing a claim. If **you** would like to read Ageas' full Privacy Policy, please go to [www.ageas.co.uk/privacy-policy](http://www.ageas.co.uk/privacy-policy) or contact the Data Protection Officer at the above address or via e-mail at [thedpo@ageas.co.uk](mailto:thedpo@ageas.co.uk). Please be aware that there will be sections of the Privacy Policy which will not apply to how Ageas process **your** personal information in relation to this policy.

### What we will pay

If **your pet** causes an **accidental injury** or death to anyone or damages anyone's property during the **policy year** and **you** are legally responsible, **we** will pay up to the **maximum benefit** for:

1. any compensation and legal costs awarded by a court for their **accidental injury**, death or damage to their property; and
2. the legal costs of defending a claim.

If more than one person is injured, dies or has their property damaged, **we** will pay compensation and legal costs awarded by a court and the legal costs of defending a claim until the **maximum benefit** is reached.

If someone else is looking after **your pet** when the **accidental injury**, death or damage occurs, **we** will pay provided that:

1. **you** asked them to look after **your pet**;
2. **you** did not agree to pay them to look after **your pet**;
3. the **accidental injury**, death or damage was not to them, their spouse, civil partner of the same or opposite sex, children, parents or any other relative or their property; and
4. **you** are not aware that **your pet** has previously caused any **accidental injury**, death or damage.

## What you pay

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The first £250 of any compensation or costs for property which has been damaged.

### We will not pay:

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1. compensation or legal costs if the injured person, person who has died or owner of the damaged property:
  - (a) is **you, your** spouse, civil partner, partner of the same or opposite sex, children, parents or another relative;
  - (b) lives in **your** home;
  - (c) works for or with **you**; or
  - (d) was looking after **your pet** with **your** permission;
2. if **you** or someone listed above is looking after the property or holding it in trust;
3. the first £250 of any compensation or costs for property which has been damaged;
4. for any claim if **you** are legally responsible for the injury, death or damage only because of an agreement or contract **you** have entered into;
5. for any claim:
  - (a) arising as a result of **your** profession, occupation or business, or that of **your** spouse, civil partner, partner of the same or opposite sex, children, parents or other relatives who normally live with **you**; or
  - (b) resulting from any incident that happens at **your** place of work or that of **your** spouse, civil partner, partner of the same or opposite sex, children, parents or other relatives who normally live with **you**;
6. for any claim occurring on premises licensed for the sale of alcohol where **your pet** lives or is kept;
7. for any claim arising outside the United Kingdom, the Channel Islands or the Isle of Man;
8. any fines or penalties imposed on **you** from criminal proceedings including any amount a court requires **you** to pay to punish **you** or to try to stop the same circumstances that led to the incident happening again or because **you** have caused someone distress, embarrassment or humiliation; or
9. any claim if **your pet** has accidentally injured or caused the death of another person or damaged someone else's property if it subsequently comes to light that when **you** bought or renewed the policy **you** failed to disclose that **your pet** had previously shown any aggressive behaviour towards another person or animal.



## Other Dogs

If another dog was involved with **your pet** when injuring or killing another person or when damaging another person's property, **we** will only pay for the damage, injury or death caused by **your** dog insured under this policy. If the other dog is **your** uninsured dog, or belongs to someone else, **you** or the other owner will have to pay for the share of the compensation and costs arising from the **accidental injury**, death or accidental property damage **your** uninsured dog or their dog caused.

## Conditions

1. **You** must notify **us** immediately of any injury, death or damage **you** become aware of which may lead to a claim under this Section 4 H (Third Party Liability). **You** must give **us** any assistance **we** request (including providing **us** with any information and/or documents that are relevant to **your** claim, at **your** expense) and follow any instructions **we** give **you**. **We** may choose to take over any complaint or legal action against **you**, in **your** name and at **our** expense.
2. Do not admit that **your pet** was at fault or offer to make payments to anyone unless **you** have received written instructions from **us** to do so.
3. Do not give anybody information or help them claim against **you** unless **you** have received instructions from **us** to do so.
4. Do not answer letters from people who may claim against **you**, or who are acting for people who may claim against **you**. **You** must pass all correspondence to **us**.
5. Do not incur any legal costs relating to a claim under this Section 4 H (Third Party Liability) - **we** will arrange for legal representation if applicable.
6. In some circumstances, following a claim for Third Party Liability or an incident involving **your pet** which is relevant to that element of cover, it may be necessary to exclude **your pet** from part or all of the Third Party Liability cover from **your** next policy review. If this should happen **we** will advise **you** in writing as set out in Section 5 D 4 (b) and adjust **your premium** accordingly.

## I. TRAVELLING ABROAD WITH YOUR PET

**You** are covered for the following benefits whilst travelling in any of the countries included in the **PETS**, subject to **you** meeting all the requirements of the **PETS**.

### (a) Overseas extension of vet fees cover

#### What we will pay

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**We** will repay **you** the cost of any **treatment your pet** has received in any country included in the **PETS** (England) Order 1999 (as amended, supplemented or re-enacted) during the **policy year**. Any payment forms part of **your vet fees** benefit and is subject to the **maximum benefit** for **vet fees** and the exclusions listed under “We will not pay for” in section 4 A.

**You** are covered for a maximum of 90 days in any **policy year** whilst in any of the countries included in the **PETS**, subject to **you** meeting all the requirements of the **PETS**.

#### We will not pay for:

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1. any costs associated with meeting the requirements of the **PETS**;
2. claims arising outside the designated **PETS** countries, the United Kingdom, the Channel Islands and the Isle of Man;
3. any claims for **treatment** not supported by a receipt endorsed with the address and telephone number of the veterinary surgery providing **treatment**; or
4. any claim for Third Party Liability outside the United Kingdom, the Isle of Man or the Channel Islands.

### (b) Quarantine costs

#### What we will pay

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**We** will pay **you** up to the limits specified on **your certificate of insurance** for quarantine costs:

1. and other costs incurred in getting new **travel documents** for **your pet**, should **your pet's** microchip fail;
2. due to an **illness** despite **your** compliance with all the required regulations of the **PETS**;
3. due to **your pet's travel documents** being lost or stolen.

#### We will not pay any costs resulting from:

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1. the microchip not having been checked and found to be functioning properly before **your** departure on any trip;
2. any costs arising from any **condition** of which **you** were aware before the start of any trip; or
3. anything mentioned in Section 5 A General Exclusions.

(c) **Loss of pet travel documents**

**What we will pay**

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We will pay **you** up to £250 towards the cost of replacement **travel documents** should the originals become lost, stolen or destroyed during a trip.

1. When the **travel documents** are left unattended they must be kept in **your** locked accommodation or in the locked boot, covered luggage area or glove compartment of a locked vehicle.
2. If the **travel documents** are lost or stolen, within 24 hours of discovering them missing, **you** must report the incident to the police and obtain a police report. If the loss or theft occurred on a ship, aircraft, train or coach **you** must report the loss to the operator and obtain a report.
3. If the **travel documents** are lost or stolen, **you** must report the loss to the issuing **vet** within 24 hours of discovering them missing.

**We will not pay any costs resulting from:**

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1. any loss, theft or destruction that occurs prior to the start of **your** trip;
2. any claim where the loss, theft or destruction of the **travel documents** is not reported to the issuing **vet** within 24 hours of discovery; or
3. anything mentioned in Section 5 A General Exclusions.

(d) **Emergency expenses abroad**

**What we will pay**

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We will pay **you** up to the limits specified on **your certificate of insurance** for any of the following incurred by **you** outside the United Kingdom, the Channel Islands or the Isle of Man during a trip:

1. additional accommodation and repatriation costs and expenses of **you** and **your pet** if **your pet** needs emergency **vet treatment** and as a result of this **you** miss **your** planned departure to the United Kingdom, the Channel Islands or the Isle of Man;
2. additional travel and accommodation costs and expenses if **your pet** becomes lost during a trip, whilst **you** try to find **your pet** before **your** planned return date to the United Kingdom, the Channel Islands or the Isle of Man;
3. if **your pet** dies, the cost of returning **your pet's** body home or the cost of disposal in an agreed country;
4. additional accommodation expenses while **you** get duplicate **pet travel documents** should they become lost, stolen or destroyed during a trip, and
5. additional costs to travel home if the time in getting duplicate **travel documents** has caused **you** to miss **your** planned travel arrangements back to **your** home.

(d) Emergency expenses abroad\Cont...

**We will not pay any costs:**

1. resulting from anything mentioned in Section 5 A General Exclusions;
2. resulting from claims arising outside the designated **PETS** countries, the United Kingdom, the Channel Islands and the Isle of Man;
3. resulting from an **injury** that happens or an **illness** first showing **symptoms** before the start of **your** trip;
4. that can be reclaimed from anywhere else;
5. unless a **vet** has certified **your pet** is too ill to travel home the same way it travelled abroad;
6. unless a **vet** has certified **your pet** is too ill to travel home on the planned date of departure;
7. if **your** trip was made to get **treatment** abroad;
8. for more than 14 days' accommodation costs and more than £30 for each day's accommodation;
9. for the cost of a coffin, casket or other container for **your pet's** remains;
10. for the cost of food;
11. not supported by all relevant receipts and evidence of amounts **you** have paid;
12. where **you** have not notified the Police as soon as **you** became aware that **your pet** is missing;
13. not supported by a relevant Police report where **your pet** is missing; or
14. if a claim has not been submitted within one year of the date **your pet** returns home.

## A. GENERAL EXCLUSIONS

### We will not pay for:

1. Any other costs that are indirectly caused by the event which led to **your** claim, unless specifically stated in this policy;
2. Any claim arising from a malicious or intentional act, an injury caused on purpose or gross negligence by **you** or any member of **your family** or anyone else living with **you** on a permanent or temporary basis;
3. **Your** pet worrying or chasing livestock;
4. Any pet less than 8 weeks old;
5. Any claim arising where **your** dog has been used as a guard dog, gun dog, farm dog, emergency rescue dog or as a dog used for racing or for security purposes;
6. Any dog that is required to be registered under the Dangerous Dogs Act 1991 and/or the Dogs (Muzzling) regulations (Northern Ireland) 1991 or any amendments, or any American Bull Dog, American Indian Dog, American Pit Bull Terrier, American Staffordshire Terrier, Bandog, Boerboel, Bully Kutta, Canary Dog, Cane Corso, Czechoslovakian Wolfdog, Dingo, Dogo Argentino, Dogue Brasileiro, Fila Brasileiro, Gull Dong, Husky Wolf Hybrid, Irish Staffordshire Blue Bull Terrier, Irish Staffordshire Bull Terrier, Japanese Tosa, Pit Bull Terrier, Saarlooswolfhound, Tosa, Tosa Inu, Wolf Hybrid, Wolfdog, or any dog crossbred with any of these breeds;
7. Any loss if **you** breach the United Kingdom animal health or importation legislation;
8. Any claims arising as a result of war, civil war, hostilities (whether war be declared or not), violence for any political, religious or ideological reason, terrorist activity, revolution, civil unrest or any similar event;
9. Any claims arising from radiation, nuclear explosion or radioactive contamination;
10. Any claims arising from air, water or soil pollution;
11. Any claim arising from pressure waves from supersonic aircraft;
12. The costs and compensation for having **your pet** put to sleep (euthanasia) of **your pet** under a court order or the Contagious Diseases (Animals) Act 1869 or following its destruction for the protection of livestock;
13. Any claim which **your vet** confirms has arisen as a result of **you** not taking reasonable care of **your pet**.

## B. YOUR RIGHTS AND RESPONSIBILITIES

1. **You** must take **your pet** for regular annual check-ups (or as otherwise recommended by **your vet**) and vaccinations with licensed products as recommended by **your vet**.
2. **You** must respond honestly to any request for information **we** make when **you** take out cover under this policy, or apply to vary **your** cover under this policy. In the event that any statement of fact **you** make is untrue or misleading, this may affect the validity of **your** policy, any claims previously paid by **us**, and whether **you** can make any subsequent claim.
3. If **you** have legal rights against another person in relation to **your** claim, **we** may take legal action against them in **your** name and at **our** expense. **You** must give **us** all the help that **you** can and provide any documents that **we** ask for.
4. **You** must pay **your premium** in full and on time to remain covered.
5. **You** must check **your certificate of insurance** on receipt and return it to **us** for correction if **you** find any mistakes.
6. **You** must keep to the conditions of the policy.
7. **You** must never make any claim **you** know is false or dishonest.
8. If **you** wish to cancel **your** policy, please contact **us** as set out in Section 1.

If **you** fail to carry out these responsibilities, **we** may reduce or refuse to pay any claim **you** may make.

## C. OUR RIGHTS AND RESPONSIBILITIES

1. **We** will assess all claims fairly, reasonably and promptly against the information **you** provide and the terms of the policy.
2. When **you** claim, if **you** have other insurance cover under which **you** can claim, **you** must notify **us** of the other insurer and give **us** authority to contact them to discuss how **we** apportion liability for the claim.

For Third Party Liability claims the cover under this policy only applies if the cover provided to **you** under any other home contents or liability policy has been exhausted.

3. **We** may need to see **your pet's** records from any **vet** who has treated it and any other information about **your pet** before **your** claim is paid. If the **vet** charges for this information, **you** will have to pay.
4. **We** may need to arrange for a representative to visit **you** and **your pet** if **we** feel **we** need further information to properly validate **your** claim.
5. As explained in Section 4 H "Conditions" 6, it may be necessary for **us** to exclude **your pet** from part or all of the Third Party Liability cover when **we** next review **your** policy. If this should happen **we** will advise **you** in writing and adjust **your premium** accordingly.

## D. CONTRACT OF INSURANCE

1. This is an annually renewable policy which **you** can either pay as a single annual payment or in monthly instalments. The contract of insurance between **you** and **us** consists of the policy terms and conditions, **your certificate of insurance** and any endorsements.
2. **Your** cover under this policy will end on the earliest of the following:
  - (a) the date **your pet** dies;
  - (b) the date **you** fail to pay the **premium** when due;
  - (c) the date **you** or **we** cancel **your** cover subject to the terms and conditions of this policy.
3. (a) If **we** make any claim payments as a result of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf), then:
  1. **we** may stop making further payments and may seek to recover from **you** any sums paid by **us** in respect of any dishonest claim;
  2. **we** may cancel the contract with effect from the time of the behaviour which may affect other claims; and
  3. if **we** cancel the contract, **we** may refuse to pay any claims occurring after the time of the dishonest or deceitful claim.
- (b) If **we** cancel the contract under this section, **we** will not return any of the premiums paid by **you**.
- (c) If **we** cancel the contract under this section, it will not affect any valid claim occurring before the dishonest claim.
4. **Premiums**
  - (a) The **premium** for this policy is fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. **You** must continue to pay the full **premium** even when **you** are making a claim under this policy to ensure that cover continues in respect of any further **treatment** provided or costs incurred. Claims can only be considered in respect of **treatment** provided or costs incurred during the period for which **premium** has been paid.

If there is a change to **your** circumstances or correction to **your pet's** details, **we** may be required to alter **your** premium during the 12 month period.
  - (b) Each year, at least three weeks before the current **policy year** is due to end, **we** will send a renewal notice by **your** chosen method of contact setting out the new policy terms and conditions and **premium** for the next **policy year**. If **you** have already given **your** consent for **us** to collect the **premium**, **your** payment will continue to be taken using **your** designated bank account unless **you** instruct **us** otherwise. **Your** cover under this policy will continue as long as **you** pay the **premium** whenever your **premiums** are reviewed.

When reviewing **your** premiums, **we** will consider any future impact to one or more of the following:

1. changes due to new information arising from **our** own experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This information includes changes to the number and types of claims **we** expect to pay or changes to the average expected amount paid per claim;
  2. changes due to new information arising from external sources such as general industry, population or reinsurer experience suggesting that **our** future claims experience is likely to be better or worse than previously assumed. This includes information on the cost of veterinary **treatments** (which may vary depending upon **your** location) and general information about the breed of **your pet**;
  3. changes to **your** circumstances such as the age of **your pet**, **your** claims history or any change to **your** address;
  4. relevant changes to **our** previous assumptions in relation to:
    - (a) expenses related to providing the insurance;
    - (b) policy lapse rates which means the average time policies are held;
    - (c) interest rates;
    - (d) tax rates;
    - (e) the cost of any legal or regulatory requirements;
- (c) Any changes to **your premium we** make will not:
1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) above; or
  2. be made to recover any previous losses.
- (d) As a result of the premium review, **your premium** may go up, stay the same or go down, and there is no limit to the amount of any change.
- (e) If **we** change **your premium** and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel at any time as set out in Section 5 D 6 below.
- (f) **You** must continue to pay the **premium** when **you** are making a claim under this policy to ensure that cover can continue in respect of any further **treatment** provided or costs incurred. Claims can only be considered in respect of **treatment** provided or costs incurred during the period for which **premium** has been paid.
5. **Terms and Conditions**
- (a) The terms and conditions of this policy are fixed for 12 months and reviewed annually on the anniversary of the policy **start date**. Each year, at least three weeks before the current **policy year** is due to end, **we** will send a renewal notice as outlined in section 5 D 4 (b) above and this will include **your** new Terms and Conditions.



- (b) **We** may vary or waive the terms and conditions of this policy to reflect changes in the assumptions set out in Section 5 D 4 (b) above which **we** use to design and price **your** cover. Such changes may have the effect of increasing or reducing the cover previously provided under this policy.
- (c) **We** may make changes to **your** policy terms and conditions on each anniversary of the **start date** of **your** policy. When changing **your** terms and conditions **we** will consider any future impact of changes in one or more assumptions due to the reasons set out in Section 5 D 4 (b) above.
- (d) In addition, **we** may also vary or waive **your** terms and conditions to:
  1. improve **your** cover;
  2. meet any applicable laws or regulations;
  3. reflect any changes to taxation;
  4. correct any typographical or formatting errors; or
  5. provide additional clarity to the existing terms and conditions.
- (e) Any changes to **your** terms and conditions will not:
  1. be made as a result of any reason other than changes in the assumptions mentioned in Section 5 D 4 (b) or for the reasons set out in Section 5 D 5 (d) above; or
  2. be made to recover any previous losses.
- (f) If **your policy** is varied and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel at any time as set out in Section 5 D 6 below.

## 6. **Your Right to Cancel**

### Within the “cooling off period”

if **you** decide **you** do not want the cover and wish to cancel **your** policy, **you** can do so within 14 days of the **start date** or the date **you** receive these policy documents (the “cooling off period”). **You** will receive a full refund of any **premium you** have paid provided no claim has been made under the terms of this policy. If **you** have made a claim, no refund of **premium** will be payable.

### Outside the “cooling off period”

#### **Monthly Payments**

If **you** pay for **your** policy monthly and cancel **your** policy after the initial 14 day cooling off period, **we** will cancel **your** policy and not collect the future monthly payments due for the remainder of the current period of insurance. If **you** pay for **your** policy monthly and cancel **your** policy because **your pet** has died, been stolen or has strayed, and **you** claim for this, **we** will not take any further monthly payments for the remainder of the current period of insurance.

However, if **you** have been paid a claim during this **policy year** then **we** will take any outstanding monthly payments for the current period of insurance from **your** final settlement claim.

## Annual Payments

If **you** have paid the full annual **premium** and cancel **your** policy after the initial 14 day cooling off period, **we** will refund a pro-rata proportion of the **premium** already paid for the remainder of the current period of insurance provided **you** have made no claims under this policy during this **policy year**.

If **you** have paid the full annual **premium** and cancel **your** policy because **your pet** has died, been stolen or has strayed **we** will refund a pro-rata proportion of the **premium** already paid for the remainder of the current period of insurance.

However, if **you** have been paid a claim during this **policy year** then **we** will not refund any of the **premium** already paid unless the claim value is less than the pro-rata **premium** for the remainder of the **policy year**. In this case, the difference between the pro-rata **premium** and the claim value will be refunded.

If, at renewal, **your premium** changes and/or **your** terms and conditions are varied and **you** do not wish to continue **your** cover **you** should contact **us** to cancel. **You** can cancel on the terms set out above. Any cancellation, as a result of such changes, will take effect at the end of the period for which **you** have already paid **your premium**.

All cancellation requests should be made to:

Customer Services Department  
Post Office Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
Hertfordshire WD6 2XX

Telephone: **0330 123 1921**

## 7. Our Right to Cancel

(a) **We** may cancel **your** insurance cover immediately where:

1. **you** deliberately tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy, or apply to vary **your** cover under this policy (or **we** can demonstrate from the relevant circumstances that **you** did not take reasonable care to ensure the statements **you** made to **us** were true);
2. **you** unintentionally tell **us** something which is untrue or misleading in response to any question **we** ask **you** when **you** take out cover under this policy or apply to vary **your** cover which, if correctly answered, would have caused **us** to decline **you** for cover;
3. there is evidence of dishonesty or deceitful behaviour by **you** (or by someone acting on **your** behalf) in relation to the cover provided under this policy (see Section 5 D 3);
4. it is necessary to meet any applicable laws or regulations; or

5. it is necessary to comply with any applicable sanctions. **We** will not be liable to provide cover (including payment of a claim or provision of any other benefit) under this policy if **we** are prevented from doing so by any sanction which prohibits **us** or **our** parent company (or **our** parent company's ultimate controlling entity) from providing cover under this policy. Sanctions change from time to time and can include prohibiting the transfer of funds to a sanctioned country, freeze the assets of a government, the corporate entities and residents of a sanctioned country, or freeze the assets of specific individuals or corporate entities. This means that if **you**, or any joint policy holder or other relevant third party who has suffered a loss which would otherwise be covered under the policy, are the subject of a sanction, **we** may not be able to provide cover under the policy.

For the purpose of this clause, sanctions means any sanctions, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom.

If **your** policy is cancelled as a result of Section 5 D 7 (a) 1, 3, 4 or 5, **we** will not return any **premiums you** have paid under the terms of this policy. If **your** policy is cancelled as a result of Section 5 D 7 (a) 2, **we** will return any **premiums you** have paid under the terms of this policy provided no claim has been made.

- (b) Any decision to cancel cover will not be made at an individual level and will not be based on whether **you** have made a claim, except where Section 5 D 7 (a) 1, 2 or 3 applies.
- (c) Cancellation of **your** policy will not affect **your** entitlement to claim for any event occurring before the date of cancellation, except where Section 5 D 7 (a) 1, 2 or 3 applies.
- (d) If **you** have a Time Limited policy, **we** may choose not to renew **your** insurance cover and **we** will write to **you** at least 90 days before the anniversary of the **start date** where no alternative cover is offered:
  1. in the unlikely event that for any of the reasons listed in the "Changes to your premium" section **we** expect to experience unsustainable losses for the particular country or market sector that applies to **your** policy;
  2. if **we** decide for reasons of strategy or cost that it is no longer viable for **us** to continue to provide cover within the particular country or market sector that applies to **your** policy.

## 8. Reinstatement

If **you** cancel **your** cover under this policy or the cover ceases due to unpaid **premium**, **you** can ask for the policy to be reinstated. If **your** request is accepted, any claim or **condition** arising during the period when **your** cover had ceased, will not be accepted.

## 8. Change of Insurers

It may be that the insurance company underwriting **your** cover could change at renewal. If this happens **you** will be informed of this change not less than 21 days before **your** current policy renews and provided with details of any changes in **your** policy cover.

If **you** pay by direct debit then **your** policy may be automatically renewed with the new insurer. If **you** do not want **your** policy to be renewed then please let them know before the renewal date.

## E. GENERAL CONDITIONS

1. **You and your pet** must live in the UK at the address shown on **your certificates of insurance**.
2. **Territorial Limits** - this insurance only applies in the United Kingdom, the Channel Islands and the Isle of Man except for **vet fee** claims arising whilst overseas where the territorial limits are extended to include any country included in the **PETS (England) Order 1999** (as amended, supplemented or re-enacted).
3. **Choice of Law** - this policy is governed by English Law. Any legal proceedings will be held in the courts of England and Wales unless **you** live in Scotland, Northern Ireland, the Channel Islands or the Isle of Man, in which case **you** will be entitled to start legal proceedings in **your** local courts.
4. **Surrender Value** - when **your** cover under this policy ends it will not have a cash value.
5. **Transfer Rights** - the rights given under this policy can be transferred directly to another individual taking on the full responsibility of the **pet** provided **you** obtain **our** consent. In order to transfer the rights of **your** policy, please contact **our** Customer Services Department using the details in Section 1. Transfer of rights may result in a change to the **premium** amount.
6. Failure to follow any condition of this policy may result in the suspension or the stopping of the benefits.
7. All communications will be conducted with **you** in English.

Before making any claim please check **your** policy and **certificate of insurance** to see if **you** are covered. Please remember that any costs relating to the completion of claim forms must be paid by **you**.

Please note that **we** cannot guarantee the validity of a claim over the phone. **You** will need to provide a completed claim form and **we** will notify **you** in writing of **our** decision.

**We** have a regulatory duty to prevent fraud. In the event of a claim, any information **you** have supplied relevant to this insurance and on the claim form, together with other information relating to the claim may be shared with other insurers in order to prevent fraudulent claims.

Please note that **we** reserve the right to decline to pay costs and fees that are not covered under these terms and conditions (see “What we will not pay for” in each section) but which have been included in invoices with costs and fees that are covered. This applies to all claims under Section 4 (except 4H – Third Party Liability for dogs) and includes any claim that is processed by **our** automated decision making tool. **You** can discuss these decisions with **us** at any time.

### A. VETERINARY FEES:

- Step 1 Before **your pet** is treated, check **your vet** is prepared to complete a claim form, provide invoices and a full medical history.
- Step 2 **You** can complete **your vet fees** claim form online via **My Account Pet** or speak to **our** Claims Department by telephoning **0330 123 1921**.  
If the **treatment** occurred abroad, **you** will also need to provide **us** with the following information:
  - (a) a receipt endorsed with the address and telephone number of the veterinary surgery who provided the **treatment**;
  - (b) a copy of **your pet's** passport; and
  - (c) a copy of veterinary notes from the treating **vet**.
- Step 3 Return the claim form to **us** together with the invoices showing the costs/fees **you** have paid.
- Step 4 **You** should submit **your** claim together with invoices showing costs/fees **you** have incurred within 12 months of the **treatment** taking place. Failure to do so will result in non payment of **your** claim unless there are exceptional circumstances.

## B. THIRD PARTY LIABILITY:

Step 1 Ring **our** Claims Department on **0330 123 1921** immediately, or as soon as reasonably possible, for advice if someone is holding **you** responsible for an **accidental injury**, death or damage, caused by **your pet**. **We** will send **you** a claim form to complete.

**Important:** Do not accept any responsibility or respond to any letters, court documents or other legal documents.

Step 2 Return **your** claim form to **us** together with:

- (a) a detailed written description of the incident; and
- (b) any letters of claim, court document or other legal document **you** have received from another party.

Step 3 Forward all letters and all other legal and court documents **you** receive to **us** as soon as possible quoting **your** policy number and claim number (if known).

**We** will then pass **your** claims information to **our** nominated claims handler, Ageas Insurance Limited.

## C. ALL OTHER CLAIMS:

Step 1 Download a claim form from **My Account Pet** or request one from **our** Claims Department on **0330 123 1921**.

Step 2 Complete the relevant sections of the claim form, sign and return together with:

### **Death From Accident or Illness:**

- (a) if applicable, the original purchase receipt **you** received when **you** bought **your pet**; and
- (b) if applicable, **your pet's** pedigree certificate.

In the absence of a purchase receipt, **we** reserve the right to restrict **your** claim to the **market value** or the amount **you** disclosed at the time of **your** application for cover, whichever is the lower value (up to the **maximum benefit**).

### **Cremation or Cemetery Burial:**

- (a) receipts for the cremation or cemetery burial costs.

### **Finding Your Pet/ Theft and Straying:**

- (a) if applicable, the original purchase receipt **you** received when **you** bought **your pet**;

### Finding Your Pet/ Theft and Straying\Cont...:

- (b) if applicable, the pedigree certificate;
- (c) receipts for any advertising costs and rewards; and
- (d) documentation confirming **your** dog's microchip number.

In the absence of a purchase receipt, **we** reserve the right to restrict **your** claim to the **market value** or the amount **you** disclosed at the time of **your** application for cover, whichever is the lower value (up to the **maximum benefit**).

### Your Hospitalisation and Boarding Fees:

- (a) **your** boarding kennel or cattery receipts; and
- (b) evidence from **your** doctor or hospital confirming **your** hospital stay.

### Holiday Cancellation:

- (a) the booking invoice and cancellation invoice from **your** travel agent, tour operator or holiday organiser; and
- (b) evidence of the booking confirmation, booking date, dates of the holiday, cost of the holiday, cancellation or return home date, a copy of **your** travel insurance policy, evidence from **your vet** that **your pet** required life-saving **treatment**, evidence that **your** holiday was cancelled or **you** had to return home early and any expenses **you** cannot recover.

### Overseas Extension of Cover:

See Veterinary Fees Claims above.

### Quarantine Costs

**We** will require the following evidence:

- (a) documentary evidence **that your** pet was microchipped prior to your journey; and
- (b) receipts or bills for any quarantine kennelling and other costs claimed for.

### Loss of Pet Travel Documents

- (a) receipts or bills for any replacement **pet travel documents** claimed for.
- (b) if applicable, the police or operator's report.

### Emergency Expenses Abroad

- (a) receipts or bills for any transport, accommodation and repatriation costs or expenses claimed for;
- (b) the booking invoices from **your** travel agent, tour operator or other holiday sales organisation showing the dates of **your** trip.

## A. PETCALL HELPLINE

**You** have access to **our** Petcall **helpline** where qualified veterinary nurses can assist with queries regarding **your pet's** health and wellbeing. If **your pet** shows any signs of injury, **illness** or distress, **we** suggest **you** telephone **Petcall** on **0330 123 1923**, making sure **you** have **your** policy number to hand.

If **your pet** has collapsed, is unconscious or been involved in a serious accident **you** should consult **your vet** immediately. Should this then result in **you** needing to make a claim, please log into **My Account Pet** or contact **our** Claims Department on **0330 123 1921** as soon as possible.

## B. CUSTOMER SERVICE

If **you** have any queries during **your policy year** or **you** need to change **your** address, **your** payment details or **your pet** dies from natural causes, please contact **our** Customer Services Department on **0330 123 1921** or online via **My Account Pet**.

The cost of calls to 03 prefixed numbers are charged at national call rates and charges may vary dependent on your network provider.

## C. COMPLAINTS PROCEDURE

**We** hope **you** never need to, but if **you** want to complain about **our** products or services **you** can do so.

call us: **0330 123 1921**

write to us: Customer Relations Department

Post Office Pet Insurance  
Pinnacle House  
A1 Barnet Way  
Borehamwood  
HertfordshireWD6 2XX

**We** will deal with any concerns **you** may have as quickly as **we** can and wherever possible within 8 weeks of receiving **your** complaint as required by the Financial Conduct Authority.



If **you** are not satisfied with the answer **we** give **you** or if **you** have not had **our** final response within 8 weeks of **us** receiving **your** complaint, **you** can refer **your** complaint to the:

Financial Ombudsman Service  
Exchange Tower  
London E14 9SR

Telephone: 0300 123 9 123 or 0800 023 4567

E-mail: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Following the above complaints procedure does not affect **your** rights to take legal proceedings.

A leaflet detailing **our** full complaints process is available from **us** on request.

## D. COMPENSATION ARRANGEMENTS

Pinnacle Insurance plc is covered by the Financial Services Compensation Scheme (FSCS). If it is unable to meet its liabilities to you, you may be entitled to compensation from the FSCS. Further information is available from their website: [www.fscs.org.uk](http://www.fscs.org.uk)

## E. IMPORTANT INFORMATION

**Your** Post Office Lifetime, Maximum Benefit & Time Limited Pet Insurance is underwritten by Pinnacle Insurance plc under policy number 02633 (11<sup>th</sup> May 2022).

In order to enter into the insurance contract, and as data controller, **we** are required to obtain personal data from **you**, which is governed by the General Regulation (EU) on Data Protection n°2016-679 ("GDPR").

The types of personal data requested by **us** are mandatory, except where these have been described as optional at the time of collection. The personal data collected by **us** is necessary:

## 1. To meet legal and regulatory requirements

These include:

- prevention of insurance fraud, money-laundering and financing of terrorism;
- compliance with legal and financial legislation and regulations;
- prevention of tax fraud, fulfilment of tax control and tax notification requirements;
- risk monitoring and reporting;
- responding to an official request from a duly authorised public, regulatory or judicial authority.

## 2. To perform the contract with you or to take steps at your request before entering into the contract

These include:

- evaluating the details of the insurance risk in order to determine **your** premium or renewal premium (e.g. **your** expected claims frequency, claim cost and expected loyalty);
- handling **your** claims or complaints;
- providing **you** with information about **your** insurance contract;
- responding to **your** enquiries including requests to update **your** personal data when **your** circumstances change;
- evaluating if **we** can offer **you** insurance products or services and if so on which terms.

The above processes may include the making of automated decisions, where necessary, for the entering into or the performance of the contract.

As the performance of **your** insurance contract may require **us** to process details about **your** health, by entering into this contract **you** formally accept that personal data about **your** health may be processed by **us** solely for the purposes of managing the insurance contract.

## 3. To fulfil our legitimate interests

**We** use **your** personal data in order to offer and develop **our** insurance products and services, to improve **our** insurance risk management and to defend **our** legal rights for the following reasons:

- to prove purchase and premium payments (including the follow-up of rejected payments);
- to prevent fraud;
- to defend or pursue legal claims;
- for IT management, including infrastructure management, business continuity and IT operations and security;
- to establish individual statistical models allowing **us** to generate competitive premiums or offer **you** relevant products and services;
- to establish aggregated statistics, for research and development, in order to monitor risk and the performance of **our** businesses, improve existing products and services or create new ones;
- where **we** record calls for the purposes of staff training and monitoring, administering **your** policy, handling complaints, detecting or preventing fraud and other crimes, and to improve the quality of **our** services;
- to provide customer advisory services relevant to **your** quote and insurance product (e.g. pet healthcare advice, quote reminders and anniversaries);
- to personalise **our** product offerings to **you** by:
  - improving the quality of **our** insurance products or services (e.g. customer satisfaction surveys);
  - advertising **our** products or services that might be of interest to **you** according to **your** situation

and profile which **we** can assess by:

- segmenting **our** potential customers and policyholders; and
- analysing **your** habits and preferences in the use of communication channels (e.g. **our** website and portal, social media platforms, emails or text messages).

**Your** personal data may be aggregated into statistics where **you** are not identified that may be offered to other organisations within the BNP Paribas Group to assist them in developing their business. In this case **your** personal data will never be disclosed and those receiving these statistics will be able to identify **you**.

For the purposes above, **we** only share **your** personal data with the following individuals or groups, where required:

- BNP Paribas Group companies and their staff for the purposes of providing **our** services to **you**;
- independent agents, intermediaries, introducers or brokers (e.g. price comparison websites), for the purposes of distribution;
- co-insurers, re-insurers and **our** corporate insurers;
- other parties who have a legitimate interest in **your** insurance contract (e.g. **your** next of kin, a beneficiary, a third party claimant or a new or replacement insurer and their representatives, distributors or service providers);
- service providers who perform services on **our** behalf;
- banking, commercial partners and brokers;
- **your** previous insurer, and their commercial partners and service providers (where applicable), and any future replacement insurer, their commercial partners and service providers (where applicable);
- financial, judicial or regulatory authorities, arbitrators and mediators, state agencies or public bodies, upon request and to the extent permitted by law (e.g. Financial Ombudsman Service, Financial Services

Compensation Scheme, HM Revenue & Customs);

- certain regulated professionals such as healthcare and veterinary professionals, lawyers, notaries, trustees and auditors;
- debt collecting and credit reference agencies; fraud prevention agencies.

Where **we** transfer **your** data to a country outside the European Economic Area (EEA), where the European Commission has recognised that non-EEA country as one that provides an adequate level of data protection, **your** personal data will be transferred on this basis without **your** specific authorisation.

For transfers to non-EEA countries whose level of protection has not been recognised as adequate by the European Commission, **we** will either rely on an exemption from a rule or law that is applicable to the specific situation (e.g. if the transfer is necessary to perform **our** contract with **you**) or use one of the following safeguards to ensure the protection of **your** personal data:

- Standard contractual clauses approved by the European Commission; or
- Binding corporate rules (for inter-group transfers), where applicable.

**Our** full Data Protection Notice, which includes further information about **our** processing of **your** personal data, including categories of personal data, retention periods and data subject rights, is available at **our** website at the following address: <https://www.cardifpinnacle.com/privacy-cookies>

To exercise **your** rights or if **you** have any questions regarding **our** use of **your** personal data please contact **us** at:

#### **Data Protection Correspondent**

Pinnacle House, A1 Barnet Way  
Borehamwood, Hertfordshire WD6 2XX  
Email: [data.protection@cardifpinnacle.com](mailto:data.protection@cardifpinnacle.com)

Or **you** may contact the BNP Paribas Group's Data Protection Officer at:

Jérôme Caillaud - Data Protection Officer  
BNP Paribas CARDIF  
8, rue du Port, 92728 Nanterre, France

Email: [group\\_assurance\\_data\\_protection\\_office@bnp-paribas.com](mailto:group_assurance_data_protection_office@bnp-paribas.com)

