## Notification of Incident – Pétis



**INSURANCE POLICYHOLDER** 

Policy:		
Incident case number:		





Name:						
Address:						
City/Town:		Postal Code:				
Taxpayer Number:	Telephone Numbe	r:		E-mail:		
IDENTIFICATION/DESCRIPTION OF THE INCIDEN	NT					
Electronic Identification number of the Insured Animal:						
Name of the Insured Animal:						
Date of the Incident:	Place of the Incide	nt:				
Damage occurred/incurred:						
Brief description of the Incident						
Please see overleaf the documents to be attached for instruction of the case						
IDENTIFICATION OF THE THIRD PARTY (where applicable)						
If the incident has caused damage to third parties, indicate:						
Name:						
Address:						
City/Town:	Postal Code:	-				
Taxpayer Number:						
Contact telephone number:		E-m	ail:			
SIGNATURE OF THE POLICYHOLDER/INSURED PERSON						
Place and date:	Signature:					
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## DOCUMENTS TO BE SUBMITTED IN THE CASE OF AN INCIDENT

Receipts confirming expenses incurred, indicating each service provided (medication, examinations and/or treatments carried out);

Report or clinical information and prescriptions of the vet;

## In case of losses and/or damages caused to third parties:

Emergency episode (provided by the hospital);

Medical report/clinical information;

Medical prescriptions, including treatments performed or to be performed.

Concerning requests for reimbursement, the Insurer, through the Assistance Service, may also request the vet for a copy of examinations confirming the need for the expenses in question.

CLAIM PROCEDURES			
Veterinary and Medication Assistance	Reimbursement of expenses, minus the value of the deductible, incurred by the insured animal as a consequence of an accident or disease:		
Legal Protection	Contact for sending documentation:  Email: saude.pets@ip-assistance.com		
Vaccines	INTER PARTNER ASSISTANCE, S.A. Sucursal (Portugal) Dep. Gestão de Sinistros Avenida da Liberdade, 38 – 7° 1269-069 Lisboa  Telephone 210 347 936 (Personalized customer service available all business days from 8:30 a.m. to 7:00 p.m. Cost of a call to the national fixed network)		
Funeral and euthanasia			
Third party liability	Indemnity for losses and/or damage caused to third parties:  Contact for sending documentation:  Email: sinistros.patrimoniais@ocidental.pt  AGEAS PORTUGAL Sinistros Patrimoniais Praça Príncipe Perfeito 2, 1990-278 Lisboa		
Search for a Pet			
Search for a missing Pet			
Animal Custody	Telephone 210 347 936 (Assistance Coverage. Personalized customer service available all business days from 8:30 a.m. to 7:00 p.m. Cost of a call to the national fixed network)		
Organization of funeral services			
Information			

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.

Insurance Intermediary: Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital of EUR 3,000,000,000.00 – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.



Insurer: Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, www.asf.com.pt

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