

# PET INSURANCE CLAIM FORM



How to contact us: If you have any questions regarding the completion of this form you can contact a member of our claims team on: between 9am and 5pm Monday to Friday +44 (0) 203 829 6761 . Once this form has been completed please return it to us at: Travel Claims Facilities, 1 Tower view, Kings Hill, West Malling, Kent, ME19 4UY.

## Policyholder Details:

Policy Number:  
Title:  
First Name:  
Last Name:  
Home Address:

## Pet Details:

Pet Age:  
Pet Breed:  
Pet Sex:  
Policy Start Date &  
Protection Plan:  
Policy Excess:  
Date of  
Purchase/Rescue:

Contact Telephone Number:  
Mobile Number:  
E-mail Address:

Is your pet a rescue? YES/NO

## SECTION 1 – TO BE COMPLETED BY THE POLCY HOLDER

Date of onset of the illness/injury or incident:

Please provide a brief description of the illness/injury or incident:

Is your pet currently covered by any other insurance policy? YES/NO

If yes, please provide:

Name of other insurer:

Policy Number:

Expiry date:

Has your pet been microchipped? YES/NO

If yes, please enter the microchip number here:

Has your pet been registered with any other veterinary practice prior to your most recent? YES/NO

If 'yes' please use the additional notes page at the end of this form to provide the details for every veterinary practice your pet has been registered with since your ownership.

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## PAYMENT INSTRUCTION:

Should payment be made directly to your vet? YES/NO

Account Holder Name:

Account Number:

Sort Code:

\*\*\*If the claim payment is a settlement to you, payment will be made by BACS (Bankers Automated Clearing Services), using the same account details that the direct debit for your premium is paid from. If a Policyholder settlement is requested and no bank details are provided, the claim payment will be made by cheque\*\*\*

## DECLARATION:

1. I declare that all the details provided above are true and accurate to best of my knowledge.
2. I give consent for Travel Claims Facilities to seek recovery of monies paid where reciprocal agreements are in force, or from other insurers covering the same risk, or from third parties who may be held liable.
3. I understand that details of this claim may be passed to the insurance industries central claim register
4. I understand that if a claim is found to be fraudulent or exaggerated that this will invalidate the whole claim and Travel Claims Facilities may seek to recover any costs through the civil courts.
5. Once you have read and agreed to the above declarations, please sign and date below.

Your signature on this Claim Form confirms that you understand your declaration, and that you believe to be true. A Claim Form received without a signed declaration will be returned to you and the claim may be cancelled.

Signed .....

Name .....

Date .....

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## SECTION 2 – TO BE COMPLETED BY THE VET:

### Pet Details:

Name of Pet:

Breed:

Sex:

Age:

### Veterinary Details:

Contact Name:

From what date has the pet been registered at your practice?

Did you treat this pet as a referral case? YES/NO

If yes, please provide the name and address of the practice that referred the case:

### TREATMENT DETAILS:

\*\*\*PLEASE ENSURE THAT YOU HAVE PROVIDED THE RELEVANT CLINICAL RECORDS FOR THE PERIOD OF TREATMENT. WE ARE UNABLE TO PROCESS THE CLAIM WITHOUT THIS INFORMATION. IF THIS IS THE FIRST CLAIM SUBMITTED, PLEASE PROVIDE YOUR FULL CLINICAL RECORDS\*\*\*

What is the clinical condition/s you are treating the pet for?

What are the treatment dates for this claim?

What is the total cost of treatment (including VAT) for this claim?

£

If you have treated the pet for two or more conditions, please separate the treatment fees for each condition. If this assistance is not provided, we may need to contact you to query treatment fees before we can issue a settlement.

Is this a continuation claim? YES/NO

If yes, please confirm that date of onset:

If no, please confirm the date of first consultation:

Has the animal received treatment for any of the above-named conditions before? YES/NO

If yes, please provide the date of onset here:

Do you consider the condition claimed for to be a hereditary/congenital condition? YES/NO

Is the condition claimed for a recognised bilateral condition (whether or not the condition currently affects both sides of the animal?) YES/NO

If a home visit was made, was it because moving the pet would have endangered the pet's health? YES/NO

Has the pet died as a result of the illness/injury mentioned above? YES/NO

If Yes, please confirm the date of euthanasia/death:

If a euthanasia was performed, please confirm the cost for the service: £

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## PAYMENT INSTRUCTION:

If the claim payment is a direct settlement to be paid straight into the surgery bank account by BACS (Bankers Automated Clearing Services) please provide the account details here:

If the Policyholder has instructed us to settle directly with you and no bank details are provided, claim payment will be made by cheque.

If our payment to you falls short of the invoice amount due following insurance deductions, it is the policyholder's responsibility to make arrangements for the remaining settlement.

## DECLARATION: VET TO COMPLETE

1. I certify that, to the best of my knowledge all the information contained on this form is correct and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy.
2. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Signed..... Date.....

Print Name .....••.....•.....

Position in Practice.....

Veterinary Practice Stamp

Practice VAT No.

Practice Email Address:

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ADDITIONAL INFORMATION: