



#### PET CLAIM FORM - VET'S FEES Page 1/2 Are you completing this form for a: **Policy No:** New claim Continuation of a claim - Please complete sections in silver only Please complete the claim form fully, using a black pen and block capitals. Incomplete claim forms are likely to delay the assessment of the claim. Section 1 - Policyholder details - Policyholder to complete Name Address Postcode Daytime tel. no. Mobile tel. no. **Email** Section 2 - Pet details - Policyholder to complete Name of pet Breed of pet Dog Cat Date you took ownership of the pet Age of pet Illness, injury or condition you are claiming for and date you noticed your pet was unwell Injury, illness or condition Date Could this claim potentially be covered under any other policy of insurance? Yes If yes, please attach full details. In the event that claims settlement becomes due we will issue settlement by BACS transfer. Where bank details have not been provided or this is not possible, settlement will be dispatched by cheque. Please indicate whether you would like settlement to be issued to yourself or the vet Name Me Vet If your pet has been registered with your current vet less than 3 years, please provide details of your previous vet. Name Address Postcode Policyholder declaration I hereby declare that the details given by me are to the best of my knowledge, true and complete. I authorise the vet to provide upon request all copies of my pet's medical records. Policyholder's signature **Important Notes** Please note that the issue of this form does not constitute an acceptance of liability of this claim

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• The Insurance Emporium reserve the right to appoint loss adjusters or veterinary consultants to review the claim

and also to request further information from current vets or previous insurers

• Please check your policy documents for the excess applicable







Vet's signature\_

## **VET SECTION - TO BE COMPLETED BY VETERINARY STAFF** Page 2/2 Are you completing this form for a: **Policy No:** New claim Continuation of a claim - Please complete sections in silver only Please complete the claim form fully, using a black pen and block capitals. Incomplete claim forms are likely to delay the assessment of the claim. **Section 3 - Vet details** Vet name Vet address Postcode Vet tel. no. Vet email Section 4 - Details of Injury, Illness or Condition and Treatments given Was a home visit or out of hours treatment provided? Yes No (If yes was the condition life-endangering? Yes Have you or do you intend to refer this animal to another vets? If yes, please state the name and address below and include a referral report: How long has the pet been registered at your practice? You must enclose a full clinical history for the past 3 years (if this is not attached this will delay the client's claim) Injury, illness or condition Date Costs of treatment In your opinion when did this injury, illness or condition begin?) Date (Has the pet been seen before for this illness, injury or condition?) No In the event of death, please advise the cause and date Date Cause of death No Has the pet been neutered? Yes **Vet practice declaration** I certify that the details above are accurate and complete and that the fees charged are reasonable and necessary and are the usual fees charged by this practice. Vet name Practice name

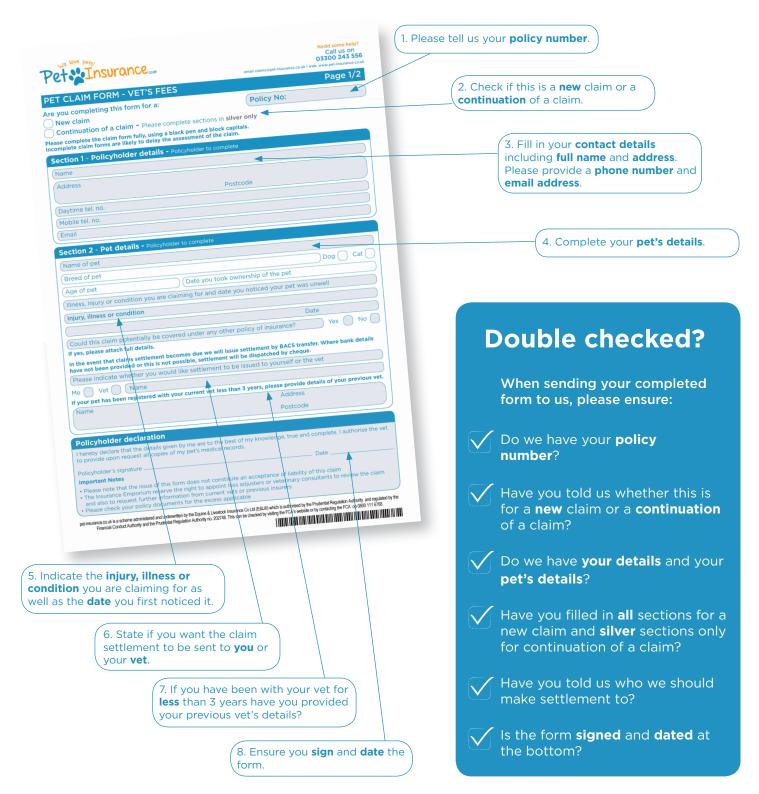
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## Guidance notes for completing your policyholder claim form

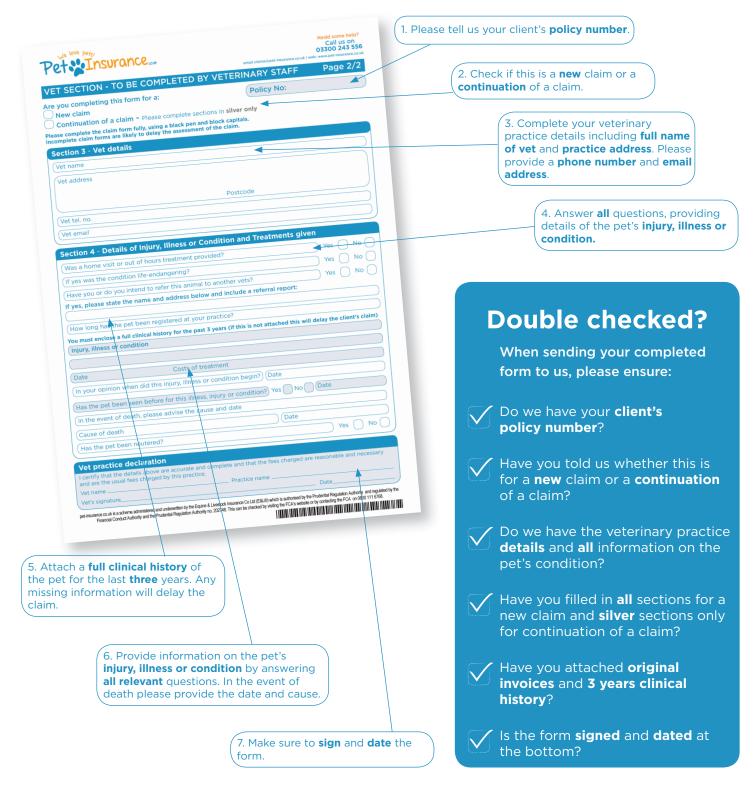
If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.





## Guidance notes for completing your policyholder claim form

If you are providing details for a new claim please ensure you complete **all sections**, for a continuation of a claim only complete the **silver sections**. To avoid any delay in assessing your client's claim please ensure that all relevant sections are completed and enclose all requested documentation when returning the form.





# What happens next?

Please ensure you have filled in your claim form correctly and truthfully completed **all** sections and attached any **relevant documentation**. Forms can be sent by:

• Email: claims@pet-insurance.co.uk

Post: Pet-Insurance

Thorpe Underwood Hall,

Ouseburn,

York, YO26 9SS

- You will be contacted within **2 working days** to acknowledge receipt of your claim form. Once we have received your form and all relevant supporting documentation we aim to assess the claim in a prompt and timely manner.
- If your claim is successful, payment will be issued to you or your vet by BACS minus the policy excess and anything else not covered under the policy. If we do not hold account details payment will be issued by cheque.