

PET CLAIM FORM - VET'S FEES

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Are you completing this form for a:

☐ New claim

☐ Continuation of a claim - Please complete sections in **silver only**

Policy No:

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 ☐

Age of pet

Date you took ownership of the 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 ☐ No ☐

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

Me ☐ Vet ☐ Name

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 _____ Date _____

Important Notes

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- 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 SECTION - TO BE COMPLETED BY VETERINARY STAFF

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Are you completing this form for a:

☐ New claim

☐ Continuation of a claim - Please complete sections in **silver only**

Policy No:

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 ☐ No ☐

Have you or do you intend to refer this animal to another vets?

Yes ☐ No ☐

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? Yes ☐ No ☐ Date

In the event of death, please advise the cause and date

Cause of death

Date

Has the pet been neutered?

Yes ☐ No ☐

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

Vet's signature Date



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.

PET CLAIM FORM - VET'S FEES

Are you completing this form for a:

☐ 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 _____ Dog ☐ Cat ☐

Breed of pet _____

Age of pet _____ Date you took ownership of the 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 ☐ No ☐

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.

Me ☐ Vet ☐ Name _____

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 _____ Date _____

Important Notes

- Please note that the issue of this form does not constitute an acceptance of liability of this claim
- The Insurance Emporium reserve the right to appoint less 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

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1. Please tell us your **policy number**.

2. Check if this is a **new** claim or a **continuation** of a claim.

3. Fill in your **contact details** including **full name** and **address**. Please provide a **phone number** and **email address**.

4. Complete your **pet's details**.

5. Indicate the **injury, illness or condition** you are claiming for as well as the **date** you first noticed it.

6. State if you want the claim settlement to be sent to **you** or your **vet**.

7. If you have been with your vet for **less than 3 years** have you provided your previous vet's details?

8. Ensure you **sign** and **date** the form.

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **policy number**?
- ☒ Have you told us whether this is for a **new** claim or a **continuation** of a claim?
- ☒ Do we have **your details** and your **pet's details**?
- ☒ Have you filled in **all** sections for a new claim and **silver** sections only for continuation of a claim?
- ☒ Have you told us who we should make settlement to?
- ☒ Is the form **signed** and **dated** at the bottom?

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.

VET SECTION - TO BE COMPLETED BY VETERINARY STAFF Page 2/2

Need some help?
Call us on
03300 243 556
email: claims@pet-insurance.co.uk | web: www.pet-insurance.co.uk

Policy No: _____

Are you completing this form for a:
☐ 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 ☐ No ☐
 Have you or do you intend to refer this animal to another vet? Yes ☐ No ☐
 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 _____

 Costs of treatment _____
 Date _____
 In your opinion when did this injury, illness or condition begin? _____ Date _____
 Has the pet been seen before for this illness, injury or condition? Yes ☐ No ☐
 In the event of death, please advise the cause and date _____ Date _____
 Cause of death _____
 Has the pet been neutered? Yes ☐ No ☐

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 _____ Date _____
 Vet's signature _____

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1. Please tell us your client's **policy number**.

2. Check if this is a **new** claim or a **continuation** of a claim.

3. Complete your veterinary practice details including **full name of vet** and **practice address**. Please provide a **phone number** and **email address**.

4. Answer **all** questions, providing details of the pet's **injury, illness or condition**.

5. Attach a **full clinical history** of the pet for the last **three** years. Any missing information will delay the claim.

6. Provide information on the pet's **injury, illness or condition** by answering **all relevant** questions. In the event of death please provide the date and cause.

7. Make sure to **sign** and **date** the form.

Double checked?

When sending your completed form to us, please ensure:

- ☒ Do we have your **client's policy number**?
- ☒ Have you told us whether this is for a **new** claim or a **continuation** of a claim?
- ☒ Do we have the veterinary practice **details** and **all** information on the pet's condition?
- ☒ Have you filled in **all** sections for a new claim and **silver** sections only for continuation of a claim?
- ☒ Have you attached **original invoices** and **3 years clinical history**?
- ☒ Is the form **signed** and **dated** at the bottom?

What happens next?

- 1** 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
- 2** 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.
- 3** 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.