

## CLAIM FORM

PLEASE EMAIL YOUR COMPLETED FORM TO [PETCLAIMS@INSURANCEFACTORY.CO.UK](mailto:PETCLAIMS@INSURANCEFACTORY.CO.UK) OR POST TO THE CONNECT CENTRE, KINGSTON CRESCENT, PORTSMOUTH, PO2 8QL

<b>Section 1 – This section to be completed by the insured</b>		Policy Number:																														
<b>Title:</b> <input style="width: 90%;" type="text"/> <b>Surname:</b> <input style="width: 90%;" type="text"/> <b>Forename:</b> <input style="width: 90%;" type="text"/> <b>Home address:</b> <input style="width: 90%; height: 40px;" type="text"/>  <b>Postcode:</b> <input style="width: 90%;" type="text"/> <b>Telephone:</b> <input style="width: 90%;" type="text"/> <b>Email address:</b> <input style="width: 90%;" type="text"/>	<b>Cover in force:</b> <input style="width: 90%;" type="text"/> <b>Inception date:</b> <input style="width: 90%;" type="text"/> <b>Policy dates:</b> <input style="width: 90%; text-align: center; border-bottom: 1px dashed black;" type="text"/> <b>Pet name:</b> <input style="width: 90%;" type="text"/> <b>Breed:</b> <input style="width: 90%;" type="text"/> <b>Pet type:</b> <input style="width: 90%;" type="text"/> <b>Age of pet:</b> <input style="width: 90%;" type="text"/> <b>Date pet acquired:</b> <input style="width: 90%;" type="text"/> <b>First date of illness / injury or condition:</b> <input style="width: 90%;" type="text"/> <b>Microchip number</b> <input style="width: 90%;" type="text"/> <i>(if applicable):</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center; height: 20px;">-</td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;"><b>Sex of pet:</b></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Purchase price:</b></td> <td></td> </tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> </table>										-							<b>Sex of pet:</b>			<b>Purchase price:</b>										
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	<b>Sex of pet:</b>																															
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Please provide a brief description of illness/injury/condition:																																
Is your pet currently covered by any other insurance policy? If yes please specify below.																																
Name of Insurer:	Policy number:	Expiry date:																														
Has your pet been registered with any other vet? If yes, please provide contact details:																																
<b>Payment instructions:</b>																																
Should we make the payment direct to the Veterinary Clinic?		<b>YES/NO</b>																														
<u>Where instructions are unclear, payment will be made to you.</u>		<i>Delete as appropriate</i>																														
Payment to you will be made by BACS (Bankers Automated Clearing Services) if you pay for your policy by Direct Debit and the bank account is in your own name or you are a joint account holder.																																
If you do not pay for your policy by monthly Direct Debit BACS (Bankers Automated Clearing Services) please provide the details here.	Account holder name	<input style="width: 90%;" type="text"/>																														
	Sort code	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																														
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A confirmation email will be sent once processed. If we do not hold your email address it will be sent by post.																																
<b>Declaration:</b>																																
<ol style="list-style-type: none"> <li>1. I declare that all details provided herein represent a true and accurate statement of the details pertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim. I can also confirm that this claim form has been signed and dated after the treatment has taken place.</li> <li>2. I declare that where a claim involves a potential refund from other insurers or a third party, I hereby authorise them to remit any refund to my insurer.</li> <li>3. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with my Vet in order for my claim(s) to be administered.</li> <li>4. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.</li> </ol>																																
Signed	<input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>																														
		Date <input style="width: 90%;" type="text"/>																														
<small>*Must be after treatment date</small>																																

**Section 2 – This section to be completed by the Veterinary Surgeon**

Age of pet:

How long have you been treating the animal?

If this is a referral, please advise of the practice name and address that referred the case:

Date	Diagnosis	Treatment	Cost (Inc. VAT)
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Has the animal received treatment for any of the above, or any related conditions before?

If yes, please provide details: *Delete as appropriate*

Is this a continuation claim?

*Delete as appropriate*

Do you consider this to be a hereditary/congenital condition?

If a home visit was made, was it because moving the pet would have endangered the pet's health? *Delete as appropriate*

Has the pet died as a result of the illness/injury mentioned above? *Delete as appropriate*

*Delete as appropriate*

If the claim payment is to be paid straight into the Surgery bank account by BACS (Bankers Automated Clearing Services) please provide the details here.

Practice account name   
Sort code   
Account number

**Declaration by Veterinary Surgeon:**

**Veterinary Practice Stamp and VAT No:**

*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. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.*

Signed  Date

Print name

**A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED FOR VETERINARY FEE CLAIMS**

## HOW TO CLAIM - DOCUMENTS REQUIRED HELP SHEET

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Veterinary Fees	Claim form fully completed, signed (after each invoice received) and dated by you (the named policyholder) & your Veterinary Surgeon.  A full clinical history from your Veterinary Surgeon.  An itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>
Death Benefit	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.  Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.  Witness statement of the incident that caused the death (if applicable)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Theft or Straying	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.  Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.  Name and telephone number of all local vets, rescue centres, police station and police officers name and badge number you reported it to (if dog) or dog warden you have contacted.	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Holiday Cancellation	Claim form fully completed and signed by you (the named policyholder).  Travel operator (or similar) confirmation letter of cancellation and costs charged.	<input type="checkbox"/>  <input type="checkbox"/>
Liability	You will need to complete a Liability Claim form, please contact us to obtain a copy.	<input type="checkbox"/>

**Important:** Please refer to your policy terms and conditions and exclusions which shows the level of cover you have in place for your pet and what benefits are available to you. Not all of the benefits listed here are claimable on certain policies.