

Claim Form

0870 243 0099



Please return to Pet Protect, Furness House, 53 Brighton Road, Redhill, Surrey, RH1 6RD

www.petprotect.co.uk

ABOUT YOU		ABOUT YOUR PET	
Policy Number	<input type="text"/>	Your pet's name	
Policyholder's name	<input type="text"/>	<input type="text"/>	
Policyholder's address and postcode	<input type="text"/>	Pet type	Gender
<input type="text"/>	<input type="text"/>	Dog <input type="checkbox"/>	Male <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Cat <input type="checkbox"/>	Female <input type="checkbox"/>
Telephone number	Email Address	Breed	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PLEASE ENSURE BOTH SIDES OF THIS CLAIM FORM ARE COMPLETED AND RETURNED WITH THE RELEVANT RECEIPTS

Important Notes: - Please check your schedule for your excess and any exclusions. These are applicable to this and any claim - Please write clearly - Any claims that are incomplete or illegible will be returned to the policyholder - If you have changed address please notify us as soon as possible on 0870 243 0099 - Please use a separate claim form for each pet.

- Payment can be made directly to you or your vet. The selected party should enter their bank details in the section below.
- Please complete section A and then pass to your vet to complete sections B, C and D.
- You must only complete section E (Policyholder Declaration), after the veterinary practice has completed sections B-D. Then return the claim form with receipts to: Pet Protect, Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD.
- **Your completed claim form must be submitted to Pet Protect Limited within six months of any costs being incurred.**
- The excess applies annually to each illness or condition treated during the Period of Insurance as shown on your schedule.
- In addition to the excess you may also be required to pay a percentage contribution to the cost of treatment as shown on your schedule.
- Payments for treatments received after the current Period of Insurance will be paid as separate claims under your renewal policy.
- If you are claiming for the death benefit, please include a receipt for the purchase price and a pedigree certificate if applicable.
- Please refer to your policy Terms & Conditions for details of your cover.
- Should you receive payment from ourselves for a course of treatment that remains unused and is refunded to you, you would be expected to return this part of the settlement to us.

PAYMENT DETAILS

We will pay your claim direct to you or your vet's bank account as selected below, and will notify you in writing when payment has occurred. Please complete one of the following payment options below:

To you <input type="checkbox"/> - please enter bank details here	To your Veterinary Surgeon <input type="checkbox"/> - please enter bank details here
Name of account holder	Name of account holder
<input type="text"/>	<input type="text"/>
Account number	Account number
<input type="text"/>	<input type="text"/>
Branch sort code	Branch sort code
<input type="text"/>	<input type="text"/>

A. TO BE COMPLETED BY THE POLICYHOLDER

When was the first time you noticed any signs of your pet's illness? Date

If your pet has been injured please explain the circumstances? Please continue on a separate sheet if necessary

Please send me another claim form

The issue of this form does not constitute a liability of insurance on behalf of the company. Pet Protect Limited is registered in England and Wales No. 1774371. QBE Insurance (Europe) Limited (registered in England number 1761561) underwrites all Pet Protect policies. Pet Protect registered office: Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD. Pet Protect Limited (Firm reference number 311794) and QBE Insurance (Europe) Limited (Firm reference number 202842) are authorised and regulated by the Financial Services Authority. This can be checked by visiting the FSA's website at www.fsa.gov.uk/register or by telephoning the FSA on 0845 606 1234. Terms and Conditions apply. Calls may be monitored and/or recorded.

SECTIONS B - D TO BE COMPLETED BY THE VETERINARY PRACTICE

IMPORTANT INFORMATION FOR VETS: Under the FSA's rules and guidance Veterinary Practices are allowed to complete sections B, C, and D below by way of providing information to the policyholder to enable them to complete their claim. It is the policyholder's responsibility to complete, sign and submit their claim forms. Ensure that the policyholder has not signed the form before it is brought to you.

- Please provide an itemised receipt showing the date and the cost of fees, if prescriptions are included please advise on quantity and type of drugs prescribed.
- If two or more conditions have been treated concurrently, please provide separate costs for each.
- If payment is to be made direct to the Veterinary Practice please also complete the payment details section (overleaf).

B. TREATMENT INFORMATION

	CLAIM 1	CLAIM 2
1. Diagnosis/Details of treatment		
2. Technique or operation used		
3. Total cost incl VAT	£	£
4. Treatment Dates	From / / To / /	From / / To / /
5. Is this a continuation of a previous claim?	Yes No If yes complete question 10 & 11 and section D only	Yes No If yes complete question 10 & 11 and section D only
6. Date pet first registered	Date / /	Date / /
7. Date signs first noticed by owner as far as you are aware	Date / /	Date / /
8. Has the pet been treated for this condition before?	Yes No Date / / Approx Cost £	Yes No Date / / Approx Cost £
9. Is there likely to be ongoing treatment?	Yes No	Yes No
10. If house calls were made, was this because it was life threatening to the pet to move it?	Yes No Cost £	Yes No Cost £
11. Is any of the fee for Clinical Diet foods? Food product name	Yes No Cost £ _____	Yes No Cost £ _____

C. IN THE EVENT OF DEATH

1. Date of death Date / / 2. Cause of death

3. If euthanasia please indicate why necessary

4. Were any charges made for cremation or burial? Yes No If so, how much? £

D. VETERINARY DECLARATION

I certify that the details above are accurate, complete, reasonable and customary and are the usual fees charged by this practice.

Signature of Veterinary Surgeon/Authorised Practice Personnel

Print Name

Date

/ /

PRACTICE STAMP

E. POLICYHOLDER DECLARATION

I declare that my veterinary surgeon recommended the treatment for which I am claiming. The veterinary practice has completed section B-D and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinary surgeon may provide any information that the company may require to verify my claim.

Signed (policyholder)

Date / /

FOR OFFICE USE ONLY	DATE	APPRD. BY	PRYR LOSS CODE	AMOUNT PD
P1				
P2				

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Surrey, RH1 6RD