

Re: Pet Insurance Claim Form Download Our Ref: Boarding Fees

Thank you for downloading a claim form; please ensure that the attached claim form is fully completed by your Doctor and attach the following information:

Invoices from the Cattery/ Kennel/ Rabbit Hotel or a signed statement form the appointed person who has cared for your pet.

Claim forms can be sent across to us by fax on 01423 532 791, by email at petclaims@ncionline.co.uk or by the address which is detailed on your claim form.

Following the receipt of the above information, we will look to assess your claim as quickly as possible.

Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

We have now improved our service offerings and our preferred method of settling claims is now via BACS (Banks Automated Clearing System); meaning that we can now process claims even more efficiently.

If your claim is approved and you are currently paying for your pet's insurance policy by monthly direct debit, we are now able to issue the payment of your claim to this account directly. Alternatively, if you paid for your policy in full, please can you provide us with your bank account details by contacting us on the details above, so that you can also benefit from a quicker claims settlement. In the event that your veterinary practice is handling your claim, we can issue a BACS payment directly to them, providing we hold their bank account details.

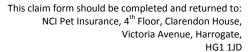
In the event that you would like a claims payment to be issued to anyone other than yourself, if we have not been provided with their bank account information, any payments of this nature will be settled by cheque.

If you have any additional queries regarding this claim, please don't hesitate to contact us by using the above email address or by telephone on 01423 535 057.

Kind regards

Craig Lambert

Pet Claims Team Leader
On behalf of the Pet Claims Team
NCI Pet Insurance





and belief, the information I have given

is true and complete.

Claim Form for Boarding Fees POLICY NUMBER: 1A - POLICY HOLDER DETAILS 1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER) (TO BE COMPLETED BY THE POLICYHOLDER) Your Pet's Name: Your Name: Address: Dog Rabbit Cat Female Male Postcode: Home phone Breed: number: Mobile phone Date of Birth: / / number: Date of purchase: E-mail address: / / 2a - DETAILS OF HOSPITALISATION (TO BE COMPLETED BY THE PATIENT'S GP/ HOSPITAL PRACTITIONER/SURGEON) Name: Condition requiring Address: hospitalisation Patient's G.P. details Date of first visit to any doctor for this Phone number: condition Name Address: From: Details of Dates patient admitting hospitalised hospital To: Phone number: 2b - DECLARATION FROM PATIENT'S GP/ HOSPITAL PRACTIONER/ SURGEON NAME: SIGNATURE: I declare to the best of my knowledge and belief, the information I have given is true and complete. 3a - DETAILS OF CARER (KENNEL/ CATTERY/ RABBIT HOTEL PROPRIETER OR HOME CARER TO COMPLETE) Name: Dates pet in Details of to Address: boarding/ home care: kennel/cattery/ rabbit hotel/ Cost of boarding per £ home carer: day: Telephone: Total being claimed: £ Invoice enclosed: 3b - DECLARATION FROM BOARDING PROPRIETER/ HOME CARER NAME: SIGNATURE: I declare to the best of my knowledge