

### Re: Pet Insurance Claim Form Download Our Ref: Death Claim

Thank you for downloading a claim form; I am so sorry to hear of the sad loss of your pet and I wish to offer my most sincere condolences.

I have now enclosed a death claim form, which is to be fully completed with the following information attached:

- Death certificate
- Pedigree certificate/ kennel club/ GCCF certificate
- Purchase receipt for your pet
- Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)

Claim forms can be sent across to us by fax on 01423 532 791, by email at <a href="mailto:petclaims@ncionline.co.uk">petclaims@ncionline.co.uk</a> 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



# **Claim Form for Death**

POLICY NUMBER:

#### **1A – POLICY HOLDER DETAILS** (TO BE COMPLETED BY THE POLICYHOLDER)

### **1B - DETAILS OF YOUR PET** (TO BE COMPLETED BY THE POLICYHOLDER)

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Your Name:	Your Pet's Name:		
Address:	Dog	Cat	Rabbit
Postcode:	Male	Female	
Daytime phone no:	Breed:		
Evening phone no:	Date of Birth:	/	/
E-mail address:	Date of purchase:	/	/

## 2 - DETAILS OF THE ILLNESS/INJURY LEADING TO YOUR PET'S DEATH (TO BE COMPLETED BY THE POLICYHOLDER)

Name of illness or injury leading to the death of your pet.

Please provide the date your first noticed your pet was injured or unwell.

Please provide the date your pet died or was euth

*PLEASE ENCLOSE YOUR PETS DEATH CERTIFICATE,	PEDIGREE CERTIFICA	TE (IF APPLICAE	BLE) AND PURCHA	SE RECEIPT
Please provide the date your pet died or was euthanized.	Date	/	/	

Date

\*PLEASE ENCLOSE FULL MEDICAL HISTORY IF NOT CLAIMING FOR VETERINARY FEES\*

#### 3 – DETAILS OF WHERE YOU PURCHASED YOUR PET (TO BE COMPLETED BY THE POLICY HOLDER)

Your name

Seller's name:	Mr/Mrs/Ms/Miss				
Seller's address:	Postcode:				
Date of Purchase:	/ /	Purchase Price:	£		
Will you be seeking a refund of the	purchase price of your pet	from the seller/ breeder?	Yes	No	
4 – DECLARATION (TO BE COMPLETED BY THE POLICY HOLDER)					

I declare to the best of my knowledge and belief, the information I have given is true and complete.

I agree that NCI may seek any information it requires from any veterinary practice

Date:	/	/	

