



Re: Pet Insurance Claim Form Download

Our Ref: Emergency Repatriation and Quarantine Expenses

Thank you for downloading a claim form; please find attached an Emergency Repatriation and Quarantine Expenses claim form for your pet. Please fully complete and sign the claim form and attach the following information:

- Holiday booking invoice
- Holiday cancellation invoice
- Receipts for any additional costs incurred (to be detailed on the claim form)
- Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)
- Police/ operators report (if claiming for the loss or theft of official documents)

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.

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



This claim form should be completed and returned to:
NCI Pet Insurance, 4th Floor, Clarendon House,
Victoria Avenue, Harrogate,
HG1 1JD

Claim Form for Emergency Repatriation/Quarantine Expenses and Loss of Documents

POLICY NUMBER:

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

Your Name:

Address:

Postcode:

Daytime phone no:

Evening phone no:

E-mail address:

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

Your Pet's Name:

Dog Cat Rabbit

Male Female

Breed:

Date of Birth: / /

Date of purchase: / /

2 – ABOUT YOUR HOLIDAY (TO BE COMPLETED BY THE POLICYHOLDER)

Holiday dates: to

Destination:

Date booked: / /

Reason for cancellation:

Date of return if different to above: / /

Is your holiday insured with another company? Yes No

If yes, please provide details:

Booking invoice attached:

Cancellation invoice attached:

Receipts for expenses attached:

3 – REASON FOR CLAIM (TO BE COMPLETED BY THE POLICYHOLDER)

Pet fell ill or was injured during the journey Please complete section 4 and 7 and ask your vet to complete sections 8 and 9 and ask the Quarantine official to complete section 10 (if applicable)

Documents lost or stolen Please complete section 5 and 7

Microchip failed Please complete section 6 and 7 and ask the Quarantine official to complete section 10

4 – ILLNESS DURING JOURNEY (TO BE COMPLETED BY THE POLICYHOLDER)

Name of illness or injury:	<input type="text"/>	Date first noticed injury or illness:	<input type="text"/>	
Date of pet's death (if applicable):	<input type="text"/>			
Costs claimed:	Repatriating pet	£ <input type="text"/>	Disposing of pet's body	£ <input type="text"/>
	Accommodation costs	£ <input type="text"/>	Travel costs	£ <input type="text"/>

*****PLEASE ENSURE RELEVANT RECEIPTS AND MEDICAL NOTES ARE ENCLOSED*****

5 – LOSS OF DOCUMENTS (TO BE COMPLETED BY THE POLICYHOLDER)

	PETS Certificate <input type="checkbox"/>	Were these documents:	Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>
Please confirm which documents were lost:	Certificate for treatment against parasites <input type="checkbox"/>	Please state where the documents were lost or stolen from:	<input type="text"/>	
	Pet passport <input type="checkbox"/>			
	Date documents lost:			
Details of relevant authority notified of loss:	<input type="text"/>	Police or Operators report enclosed	<input type="checkbox"/>	
Cost of replacing documents:	£ <input type="text"/>	Accommodation costs:	£ <input type="text"/>	
Travel costs	£ <input type="text"/>			

*****PLEASE ENSURE RELEVANT RECEIPTS AND REPORTS ARE ENCLOSED*****

6 – MICROCHIP FAILURE (TO BE COMPLETED BY POLICYHOLDER)

Date of microchip failure:	<input type="text"/>	Dates pet quarantined:	<input type="text"/>
Quarantine costs:	£ <input type="text"/>		

7 – POLICYHOLDERS DECLARATION

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

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

YOUR NAME

POLICYHOLDER'S SIGNATURE

Date:

8 – ILLNESS OR INJURY DURING JOURNEY (TO BE COMPLETED BY THE VETERINARY PRACTICE)

Condition requiring treatment:

Please state when the injury/illness began:

Was lifesaving treatment required?

Yes No

Please state when the policyholder was informed treatment was required:

Please state why the pet was unable to travel home the same way it travelled abroad:

9 – VETERINARY DECLARATION (TO BE COMPLETED BY A REGISTERED VETERINARY PRACTITIONER/ NURSE)

I declare that all the information I have given on this claim form is correct to the best of my knowledge and belief.

Name

Vet stamp:

Signature:

RVN/MRCVS

Date:

Practice number:

10 – QUARANTINE DETAILS (TO BE COMPLETED BY QUARANTINE OFFICIAL)

Reason for quarantine:

Dates pet quarantined:

Details of quarantine establishment:

Has the microchip reader been tested?

Yes No

Name of quarantine official:

Position:

Signature of quarantine official:

Date: