

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 <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.

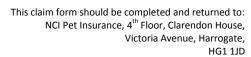
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

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





Microchip failed

## **Claim Form for Emergency**

Repatriation/Qu and Loss o	iarantine Exp of Documents		POLICY NUMBER:			
1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER)			1B - DETAILS OF YOU (TO BE COMPLETED		.DER)	
Your Name:			Your Pet's Name:			
Address:		1	Dog	Cat	Rabbit	
	Postcode:		Male	Female		
Daytime phone no:			Breed:			
Evening phone no:			Date of Birth:	/	/	
E-mail address:			Date of purchase:	/	/	
2 – ABOUT YOUR HOLIDA	AY (TO BE COMPLE	ETED BY THE P	OLICYHOLDER)			
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	]			
			Booking invoice at	tached:		
If yes, please provide details:			Cancellation invoic	e attached:		
			Receipts for expenses attached:			
3 – REASON FOR CLAIM (	TO BE COMPLETE	D BY THE POL	ICYHOLDER)			
Pet fell ill or was injured dur journey	ring the		elete section 4 and 7 and ask your vet to complete sections 8 and 9 and rantine official to complete section 10 (if applicable)			
Documents lost or stolen		Please complete section 5 and 7				
Microchin failed	Please complete section 6 and 7 and ask the Quarantine official to complete sect				ion	

10

4 – ILLNESS DURING JOURNEY (TO BE COMPLETED BY THE POLICYHOLDER)								
Name of illness or injury:		Date first noticed injury or illness:	/ /					
Date of pet's death (if applicable):	/ /							
Costs claimed:	Repatriating pet	£ Dispo	sing of pet's body £					
	Accommodation costs	£ Trave	l costs £					
***PLEASE ENSURE RELEVANT RECEIPTS AND MEDICAL NOTES ARE ENCLOSED***								
5 – LOSS OF DOCUMENTS (TO	O BE COMPLETED BY THE P	OLICYHOLDER)						
	PETS Certificate	Were these documents:	Lost Stolen					
Please confirm which documents were lost:	Certificate for treatment against parasites  Pet passport	Please state where the documents were lost or stolen from:						
Date documents lost:	/ /	Please state when replacement documents were issued:	/ /					
Details of relevant authority notified of loss:		Police or Operators report	enclosed					
Cost of replacing documents:	f	Accommodation costs:	£					
Travel costs £								
***	***PLEASE ENSURE RELEVANT RECEIPTS AND REPORTS ARE ENCLOSED***							
6 – MICROCHIP FAILURE (TO	BE COMPLETED BY POLICY	HOLDER)						
Date of microchip failure:	/ /	Dates pet quarantined:	/ /					
Quarantine costs:								
7 – POLICYHOLDERS DECLARATION								
I declare to the best of my know the information I have given is b complete.			POLICYHOLDER'S SIGNATURE					
I agree that NCI may seek any in requires from any veterinary pro	Date.	/ /						

8 – ILLNESS OR IN	JURY DURI	NG JOURNEY	(TO BE CON	MPLETED B	BY THE VETERINA	ARY PRACTIC	CE)		
Condition requiring treatment:					Please state when the injury/illness began:		/	/	
Was lifesaving treat required?	tment	Yes	No [		Please state who policyholder wa treatment was r	s informed	/	/	
Please state why th unable to travel hor same way it travelle	me the								
9 – VETERINARY I	DECLARATI	ON (TO BE CO	MPLETED B	Y A REGIS	TERED VETERINA	ARY PRACTI	TIONER/ NUR	SE)	
I declare that all the	e informatio	n I have given o	n this claim f	orm is corre	ect to the best of r	my knowledge	e and belief.		
Name					Vet stamp:				
Signature:			R	VN/MRCVS					
Date:		/	/		Practice number:				
10 OLIADANTIN	F DETAILS	TO DE COMP	LETED BY O	LLADANTIA	IE OFFICIAL)				
10 – QUARANTIN		(TO BE COMP	LETED BY Q	UAKANTII	_				
Reason for quarantine:				Dates pet quarantined:		to			
Details of quarantinestablishment:				Has the microchip reader been tested?	Yes	No			
Name of quarantine official:				Position:					
Signature of quarantine official:				Date:		/	/		