

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.

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 Emergency Repatriation/Quarantine Expenses and Loss of Documents

POLICY NUMBER:

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

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

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

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			
			Booking invoice atta	iched:	
If yes, please provide details:			Cancellation invoice	attached:	
			Receipts for expense	es 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

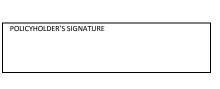
4 – ILLNESS DURING JOURN	NEY (TO BE COMPLETED BY TH	IE POLICYHOLDER)					
Name of illness or injury:		Date first noticed injury or illness:	/	/			
Date of pet's death (if applicable):	/ /]					
Costs claimed:	Repatriating pet	£ Disposi	ng of pet's body	£			
	Accommodation costs	£ Travel c	osts	£			
P	LEASE ENSURE RELEVANT RECEI	PTS AND MEDICAL NOTES ARE EN	CLOSED				
5 – LOSS OF DOCUMENTS (TO BE COMPLETED BY THE PO	DLICYHOLDER)					
	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 er	nclosed				
Cost of replacing documents:	f	Accommodation costs:	f				
Travel costs	£						
PLEASE ENSURE RELEVANT RECEIPTS AND REPORTS ARE ENCLOSED							
6 – MICROCHIP FAILURE (TO BE COMPLETED BY POLICYHOLDER)							
Date of microchip failure:	/ /	Dates pet quarantined:	/	/			
Quarantine costs:	£						

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 NAM	E		
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:	to			
Details of quarantine establishment:	Has the microchip reader been tested?	Yes		No	
Name of quarantine official:	Position:				
Signature of quarantine official:	Date:		/	/	