



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

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"/> / <input type="text"/> / <input type="text"/> | |
| Date of pet's death (if applicable): | <input type="text"/> / <input type="text"/> / <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"/> / <input type="text"/> / <input type="text"/> | Dates pet quarantined: | <input type="text"/> / <input type="text"/> / <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:

 to

Details of quarantine establishment:

Has the microchip reader been tested?

Yes

No

Name of quarantine official:

Position:

Signature of quarantine official:

Date:

 / /