



Re: Pet Insurance Claim Form Download
Our Ref: Holiday cancellation

Thank you for downloading a claim form; please find attached a Holiday Cancellation 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)

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 Holiday Cancellation

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:

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 – POLICYHOLDER DECLARATION

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

Your name

Signature of Policy holder

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

Date:

 / /

4 – REASON FOR CANCELLATION (TO BE COMPLETED BY THE VETERINARY PRACTICE)

Condition requiring
treatment:

When did this
injury/illness begin?

 / /

Was lifesaving
treatment required?

Yes

No

When was the
policyholder informed
treatment was required?

 / /

7 – 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:

MRCVS

Date:

/ /

Practice
number: