

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.

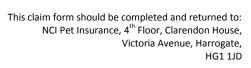
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

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





Claim Form for Holiday Canc	ellation	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 Birth:	/ /			
E-mail address:		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?	No					
		Booking invoice attache	ed:			
If yes, please provide details:		Cancellation invoice attached:				
		Receipts for expenses a	ttached:			
3 – POLICYHOLDER DECLARATION						
I declare to the best of my knowledge and belief, the information I have given is both true and complete.			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 Yes N	0	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:					