

Re: Pet Insurance Claim Form Download
Our Ref: Pre-Authorisation Form – Veterinary Fees

Thank you for downloading a claim form; please find attached pre-authorisation claim form for your pet. Please fully complete and sign the claim form and attach the following information:

□ Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)□ Full itemised invoices

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.

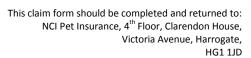
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

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





Pre-Authorisation Form for Veterinary Fees	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 – DETAILS OF YOUR PET'S ILLNESS OR INJURY (TO BE CO	MPLETED BY THE POLICYHOLDER) ILLNESS/INJURY				
Name of illness/ injury as advised by your vet					
Please provide the date you first noticed your pet was injured or unwell.	/ /				
VETERINARY SURGERIES WHERE YOUR PET HAS BEEN REGISTERE	D BEFORE:				
VET 1:	VET 2:				
Name:	Name:				
Address:	Address:				
Postcode:	Postcode:				
Telephone number:	Telephone number:				
Dates: to	Dates: to				
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				

Date:

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

4 – DETAILS OF THE CLAIM (T	O BE COMPLETED BY THE VE	TERINARY PRAC	CTICE)		
Name of the illness or injury: (If no diagnosis has been made p	lease give clinical signs)				
When did this injury/ illness begin:		/ /			
Proposed treatment dates:		to			
Has the pet been treated for this related condition before? (If yes appropriate clinical history with o	please provide a copy of the	Yes		No	
Estimate of costs (inclusive of VA	T)	£			
	*** PLEASE INCLUDE 3 Y	EARS MEDICAL	HISTORY***		
If this pet has been referred plead and telephone number of the pra- pet.		REFERRAL VETERINARY PRACTICE DETAILS Name: Address:			
Date pet first registered at your p	Postcode: Telephone nu	Postcode: Telephone number:			
5 – VETERINARY DECLARATIO	-)
Name:		Vet stamp):		
Position within practice:					
Signature:	RVN/MRCV	S			
Date:	/ /	Practice no	umber:		