

Re: Pet Insurance Claim Form Download Our Ref: Theft and Straying/ Advertising and Reward

Thank you for downloading a claim form; please find attached Theft and Straying/ Advertising and Reward claim form for your pet. I am so sorry to hear of the sad loss of your pet and I wish to offer my most sincere condolences.

Please fully complete and sign the claim form and attach the following information:

- □ Written confirmation that loss reported to the police/ dog warden (dogs only)
- Operator report (if the loss of your pet occurred during a journey)
- □ Copies of any advertising used
- Receipts for any additional costs incurred (to be detailed on the claim form)
- Reward receipt (if the reward has been pre-approved by us)
- □ Pedigree/ kennel club/ GCCF certificate (if selected relevant insurance cover)
- Purchase receipt (if selected relevant insurance cover)

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



1A – POLICY HOLDER DETAILS

(TO BE COMPLETED BY THE POLICYHOLDER)

Claim Form for Advertising and Reward / Theft and Straying

POLICY NUMBER:

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: /	/

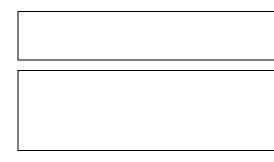
2 – CIRCUMSTANCES SURROUNDING LOSS OF PET (TO BE COMPLETED BY THE POLICYHOLDER)

Please provide the first date and location that the pet was noticed as missing:	Date:	/	/	Time:	
	Location:				
If your pet has been recovered, please provide the date and location:	Date:	/	/	Time:	
	Location:				
Please provide details of the circumstances of loss: (Please feel free to continue on a separate page if necessary)					

3 - DETAILS OF WHO YOU REPORTED THE LOSS OF YOUR PET TO (TO BE COMPLETED BY THE POLICY HOLDER)

Authority loss reported to: (Dogs only)

Operator loss reported to if loss occurred during the course of a journey:



Written confirmation enclosed

Written confirmation enclosed

Booking invoice enclosed

Please advise us of any	Name and address:				
veterinary surgeries and/or rescue centres which the loss		Telepł	none:		
of your pet was reported to:					
(Attach a separate sheet if		Date:			
necessary)					
Did you use a missing pet service? If so, please provide					
details.					
Did you offer a reward?		ves, please state how much w fered:	f		
4 – ADVERTISING AND REWARD (TO BE COMPLETED BY THE POLICYHOLDER)					
Amount being claimed for	f				
advertising:		opy of adverts enclosed	Receipts enclosed		
Amount being claimed for	£ R	eceipt of reward paid (signed	by the recipient)		
reward:					
5 – PURCHASE DETAILS OF P	ET (TO BE COMPLETED BY THE	POLICYHOLDER)(PREMIU	M COVER ONLY)		
-	oss of your pet before claiming for				
PLEASE NOTE: If you are not cla advertising was used.	iming for advertising costs surrou	nding the loss of your pet, ple	ase provide evidence that suitable		
auvertising was used.					
Value of pet claiming for:	£	Purchase receipt e	enclosed		
Pedigree certificate enclosed	Kennel Club certificate e	enclosed G.C.C.F cer	tificate enclosed		
6 – POLICYHOLDER DECLARA	TION				
I declare to the best of my know	ledge and belief, Your name	5	ignature of Policy holder		
the information I have given is both true and					
complete. I can confirm that the attending					
veterinary practice was notified within 24 hours that the pet was missing.					
	c				
I agree that NCI may seek any information it requires from any veterinary practice. Date: / /					
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.					
Data natified of lass of nati	/ /	Vot stama:			
Date notified of loss of pet:	/ /	Vet stamp:			
Name:					

Practice number:

MRCVS

/

/

Signature:

Date: