

Re: Pet Insurance Claim Form Download Our Ref: Veterinary Fees

Thank you for downloading a claim form; please find attached a Veterinary Fees 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.

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.

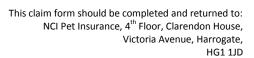
In the event that you would like a claims payment to be issued to anyone other than yourself, if we have not been provided with their bank account information, any payments of this nature will be settled by cheque.

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





Claim Form for Veterinary Fees and Complementary Treatment

POLICY NUMBER:

Comple	mentary Treat	tment	POLICI NOIVIDER.						
1A – POLICY HOLD (TO BE COMPLETE	ER DETAILS D BY THE POLICYHOL	.DER)	1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)						
Your Name:			Your Pet's Name:						
Address:			Dog	Cat Rabbit					
Posto	code:		Male	Female					
Home phone no:			Breed:						
Mobile phone no:			Date of Birth:	/ /					
E-mail address:			Date of purchase:	/ /					
2 – DETAILS OF YO	UR PET'S ILLNESS OR	INJURY (TO BE C	OMPLETED BY THE PO	DLICYHOLDER)					
ILLNESS/INJURY 1				ILLNESS/INJURY 2					
Name of illness/ injury as advised by your vet									
Please provide the date you first noticed your pet was injured or unwell.		/	/	/ /					
VETERINARY SURGE	RIES WHERE YOUR PET I	HAS BEEN REGISTE	RED BEFORE:						
VET 1:			VET 2:						
Name:			Name:						
Address:			Address:						
Postcode:			Postcode:						
Telephone number:			Telephone number	•					
Dates:	to		Dates: to						
3 – POLICYHOLDER	R DECLARATION	A – DIRECT	TO YOU	B – DIRECT TO YOUR VET					
I declare to the best of my knowledge and belief, the information I have given is both true and complete.			10 100	Your name					
Signature of Police			licy holder	Signature of Policy holder					
I agree that NCI may seek any information it requires from any veterinary practice.			/ /	Date: / /					

4 – DETAILS OF THE CLAIM	I (TO BE COMPLETE	D BY TH	IE VETERI	NARY PRA	CTICE)						
Continuation Claim: (Have you filled in a claim form for this illness or injury before?)		CLAIN Yes	/ 1 	No		CLAI Yes	M 2	No			
Name of the illness or injury: (If no diagnosis has been made please give clinical signs)											
When did this injury/ illness begin:			/	/			/	/			
Treatment dates:			to			to					
Has the pet been treated for this illness/ injury or a similar/ related condition before? (If yes please provide a copy of the appropriate clinical history with dates etc.)		Yes		No		Yes		No			
Were any preventative treatments e.g. Flea/ Wormers used as treatment? If yes , please give details:		Yes		No		Yes		No			
In connection with the treatment claimed were you required to make a house visit or provide out of hours treatment?		Yes		No		Yes		No			
If yes , please explain why the home visit/ out of hours treatment was necessary:											
Did the illness/ injury being claimed for result in the death or euthanasia of the pet?		Yes		No		Yes		No			
Date of death:			/	/			/	/			
If the pet was put to sleep was this recommended?		Yes		No		Yes		No			
Total amount claimed (inclusive of VAT)		£				£					
F	OR ALL NEW CLAIM	1S PLEA	SE INCLUI	DE 3 YEAR	S MEDICA	I AL HISTO	RY				
If this pet has been referred please give the			REFERRAL VETERINARY PRACTICE DETAILS								
name, address and telepho practice which referr			Name:								
processes and per			Address:								
Date pet first registered at your practice: / /			Postcode:								
			Telephone number:								
5 – VETERINARY DECLARA	TION (TO BE COMP	LETED E	BY A REGIS	STERED VE	TERINAR	Y PRACT	TITIONER	/ NURSE)			
I declare that all the informat	ion I have given on th	is claim 1	form is cor	rect to the	best of my	knowled	ge and be	lief.			
Name:				Vet stamp):						
Position within practice:											
Signature: RVN/			/MRCVS	Account r	name:						
Date:	/	/		Sort Code	:		-	-			

Account number: