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

This claim form should be completed and returned to:
NCI Pet Insurance, 4th Floor, Clarendon House,
Victoria Avenue, Harrogate,
HG1 1JD

Claim Form for Veterinary Fees and Complementary Treatment

POLICY NUMBER:

1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER)

Your Name:

Address:

Postcode:

Home phone no:

Mobile 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 – DETAILS OF YOUR PET'S ILLNESS OR INJURY (TO BE COMPLETED BY THE POLICYHOLDER)

	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 SURGERIES WHERE YOUR PET HAS BEEN REGISTERED 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.

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

A – DIRECT TO YOU	B – DIRECT TO YOUR VET
Your name	Your name
Signature of Policy holder	Signature of Policy holder
Date: / /	Date: / /

4 – DETAILS OF THE CLAIM (TO BE COMPLETED BY THE VETERINARY PRACTICE)

	CLAIM 1	CLAIM 2
Continuation Claim: (Have you filled in a claim form for this illness or injury before?)	Yes ☐ No ☐	Yes ☐ 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)	£	£

*****FOR ALL NEW CLAIMS PLEASE INCLUDE 3 YEARS MEDICAL HISTORY*****

If this pet has been referred please give the name, address and telephone number of the practice which referred the pet.

REFERRAL VETERINARY PRACTICE DETAILS

Name:
Address:
Postcode:
Telephone number:

Date pet first registered at your practice:

/ /

5 – 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:

Position within practice:

Signature: RVN/MRCVS

Date: / /

Vet stamp: