



Re: Pet Insurance Claim Form

Our Ref: Third Party Liability

Thank you for downloading a claim form; please find attached a Third Party Claim Form for your pet. Please fully complete and sign the claim form and attach the following information:

- Any (unanswered) correspondence received from a Third Party or Third Party Representative
- Any other documentation/information that you feel is relevant to your claim

Claim forms can be sent across to us by fax on 01423 532791, by email at petclaims@ncionline.co.uk or by the address which is detailed on your claim form.

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.

Following the receipt of the above information, your claim will be forwarded to your policy underwriter; who administer all Third Party Liability claims on our behalf.

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 535057.

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 Third Party Liability

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 THE INCIDENT (TO BE COMPLETED BY THE POLICYHOLDER)

Date of incident:

 / /

Please provide details of where the incident took place:

Time of incident:

 : AM/PM

Please state who was in charge of your pet and their relationship to you:

Name:

Relationship:

Please confirm if the incident was reported to the police:

Yes

No

If yes, please provide the police incident number:

Please provide full details of the incident. Please use additional pages if necessary:

Please state when the incident was reported to you:

Please state who reported the incident to you:

Please confirm if there were any witnesses:

Yes No

If yes, please provide details:

Name:

Address:

Please provide the Third Party details (if known):

Name:

Address:

Please confirm if there is any other insurance indemnifying you in respect of this incident:

Yes No

If yes, please provide details:

Name of company:

Address:

Please confirm if a claim has been made against you:

Yes No

If yes, please provide details:

Name of company:

Address:

***** PLEASE NOTE THAT AN EXCESS OF £250 APPLIES TO ALL THIRD PARTY LIABILITY CLAIMS *****

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

I understand that the information given on this form may be submitted to solicitors for us in connection with any litigation arising out of this incident.

Signature of Policy holder

Date: / /