

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 if 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.

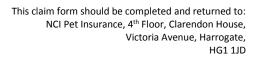
Following the receipt of the above information, your claim will be forwarded to your policy underwriter; who administer all Third Party Liability claims on our behalf.

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





Claim Form	for Third Party Liability	POLICY NUMBER:								
	ER DETAILS D 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							
Home phone no:		Breed:								
Mobile phone no:		Date of Birth:	/	/						
E-mail address:	mail address:		/	/						
2 – DETAILS OF THE INCIDENT (TO BE COMPLETED BY THE POLICYHOLDER)										
Date of incident:	/ /	Time of incident:		:	AM/PM					
Please provide details of where the incident took place:	tails of where		Name: Relationship:							
	incident was reported to the police:	relationship to you: Yes	No							
If yes, please provide	the police incident number:									
Please provide full de	Please provide full details of the incident. Please use additional pages if necessary:									
Please state when th	e incident was reported to you:									
Please state who ren	orted 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	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	Signature of Policy holder							
	Date:		/		/				