NCI Pet Insurance
4th Floor Clarendon House
Victoria Avenue, Harrogate HG1 1JD

Tel: +44(0)1423 535 057
Email: petclaims@ncionline.co.uk
Web: www.ncipetinsurance.com

Thank you for downloading a claim form. To help us process your claim as quickly as possible, please ensure both you and your vet complete the claim form in full and attach the following information:

- ☐ Past 3 years' 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 to us by email at **petclaims@ncionline.co.uk**, or to the postal address detailed on your claim form. Following the receipt of the above information, we will look to assess your claim as quickly as possible. Please be aware that incomplete claim forms or missing information will delay your claim.

Please also ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claim's progress.

We look to settle claims via BACS (Bankers Automated Clearing Services). If your claim is to be settled to you and you are currently paying for your pet's insurance policy by monthly Direct Debit, we will issue any payment to the same account unless we are otherwise instructed. If the claim is to be settled directly to your vets, please ensure their bank account details are completed on the second page of the claim form.

In what capacity will we act?
We will act as the agent of the insurer when we handle any claim you make. If you do not wish for us to act as the agent of the insurer in assisting with the claim please let us know and we shall immediately pass you to the insurer to handle any claim you make.

If you have any additional queries regarding this claim, please don't hesitate to contact us by email on **petclaims@ncionline.co.uk** or by telephone on **01423 535 057**.

Kind regards

Craig Lambert

Pet Manager
NCI Pet Insurance

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Claim Form for Veterinary Fees and Complementary Treatment

Policy number:	
Claim ref:	

1a – Policyholder details (to be completed by the customer)

Name	
Address	
Home phone no.	
Mobile phone no.	
E-mail address	

1b – Details of your pet (to be completed by the customer)

Name	
Pet type	
Breed	
Date of birth	D D M M Y Y
Date of purchase	D D M M Y Y

2 – Details of your pet's condition (to be completed by the customer)

	Condition 1	Condition 2
Name of condition as advised by your vet		
Date you first noticed your pet was injured or unwell	D D M M Y Y	D D M M Y Y

Veterinary surgeries where your pet has been registered before:

Practice name Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered	Practice name Address Postcode Tel. no Date last registered

3 – Customer declaration

I declare to the best of my knowledge and belief, the information I have given true and complete.
I agree that NCI may seek any information it requires from any veterinary practice.

Please tick one box: Pay claim to me (policyholder) ☐ Pay claim to my vet directly ☐

Print name	Signature	**Date** D D M M Y Y

4 – Detail of the claim (to be completed by the veterinary practice)

	Claim 1	Claim 2
Name of the illness/injury *(If no diagnosis has been made, please detail clinical signs)*		
Continuation claim *(Have you previously completed a claim for this condition?)*	Yes ☐ No ☐	Yes ☐ No ☐
When did this condition begin?	D D M M Y Y	D D M M Y Y
Treatment dates	From D D M M Y Y	From D D M M Y Y
	To D D M M Y Y	To D D M M Y Y
Has the pet been treated for this condition 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/worming) used as treatment?	Yes ☐ No ☐	Yes ☐ No ☐
If yes, please give details		
Were you required to make a house visit or provide out of hours treatment?	Yes ☐ No ☐	Yes ☐ No ☐
If yes, please explain why this was necessary.		
Did the condition being claimed for result in the death or euthanasia of the pet?	Yes ☐ No ☐	Yes ☐ No ☐
Date of death	D D M M Y Y	D D M M Y Y
If the pet was put to sleep was this medically recommended?	Yes ☐ No ☐	Yes ☐ No ☐
Total amount claimed (inclusive of VAT)	£	£

***** For all new claims please include 3 years medical history (or history since registered at this practice if less) *****

If the pet has been referred, please provide the details of the practice that referred the pet.

Practice name

Address

Postcode

Tel. no.

Email

5 – Veterinary practice declaration (to be completed by veterinary practice)

I declare that all the information I have given on this claim form is correct to the best of my knowledge and belief.

Print name

Position in practice

Signature

Date D D M M Y Y

Date pet first registered at this practice D D M M Y Y

Vet practice stamp

Account name

Sort code ☐☐ - ☐☐ - ☐☐

Account number ☐☐☐☐☐☐☐☐