

Re: Pet Insurance Claim Form Download Our Ref: Death Claim

Thank you for downloading a claim form; I am so sorry to hear of the sad loss of your pet and I wish to offer my most sincere condolences.

I have now enclosed a death claim form, which is to be fully completed with the following information attached:

Ш	Death certificate
	Pedigree certificate/ kennel club/ GCCF certificate
	Purchase receipt for your pet
	Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)

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.

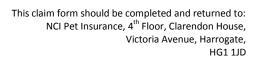
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

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





Clair	n Form fo	POLICY I	NUMBER:						
1A – POLICY HOLD (TO BE COMPLETE		1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)							
Your Name:		Your Pet's Name:							
Address:		Dog		Cat		Rabbit			
Posto		Male Female							
Daytime phone no:			Breed:						
Evening phone no:				Date of Birth:			/	/	,
E-mail address:				Date of purchase:			/	/	,
2 – DETAILS OF THE ILLNESS/INJURY LEADING TO YOUR PET'S DEATH (TO BE COMPLETED BY THE POLICYHOLDER)									OLDER)
Name of illness or in your pet.	the death of								
Please provide the d was injured or unwe	-	oticed your pet	Date			/	/		
Please provide the d euthanized.	ied or was		Date			/			
		DEATH CERTIFICATI DSE FULL MEDICAL		_		-		E RECEIPT*	
3 – DETAILS OF WHERE YOU PURCHASED YOUR PET (TO BE COMPLETED BY THE POLICY HOLDER)									
Seller's name:	Mr/Mrs/Ms/Miss								
Seller's address:		Postcode:							
Date of Purchase:		/ /		Purch	nase Price:	£			
Will you be seeking a	a refund of the	om the selle	r/ breeder?	١	es	No			
4 – DECLARATION	(TO BE COM	PLETED BY THE POI	LICY HO	LDER)					
I declare to the best the information I had complete.	name			Signa	ture of Policy ho	older			
I agree that NCI may requires from any ve			e:	/	/				