



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:

- 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



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

Claim Form for Death

POLICY NUMBER:

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

Your Name:

Address:

Postcode:

Daytime phone no:

Evening 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 ILLNESS/INJURY LEADING TO YOUR PET'S DEATH (TO BE COMPLETED BY THE POLICYHOLDER)

Name of illness or injury leading to the death of your pet.

Please provide the date your first noticed your pet was injured or unwell.

Date / /

Please provide the date your pet died or was euthanized.

Date / /

PLEASE ENCLOSE YOUR PETS DEATH CERTIFICATE, PEDIGREE CERTIFICATE (IF APPLICABLE) AND PURCHASE RECEIPT
PLEASE ENCLOSE FULL MEDICAL HISTORY IF NOT CLAIMING FOR VETERINARY FEES

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:

 / /

Purchase Price:

£

Will you be seeking a refund of the purchase price of your pet from the seller/ breeder?

Yes

No

4 – DECLARATION (TO BE COMPLETED BY THE POLICY HOLDER)

I declare to the best of my knowledge and belief, the information I have given is true and complete.

Your name

Signature of Policy holder

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

Date:

 / /