

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

Claims Assistance

Mon – Fri 8am – 6pm Sat 10am – 6pm

General Opening Hours

Mon – Fri 9am – 8pm Sat 9am – 5pm

Pet Insurance Claim Form Download - Death Claim

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

I now enclose 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 year's old)

Claim forms can be sent across to us by fax on 01423 535 791, 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.

We have now improved our service offerings and our preferred method of settling claims is now via BACS (Banks Automated Clearing System); meaning that we can now process claims even more efficiently. If your claim is approved and you are currently paying for your pet's insurance policy by monthly direct debit, we are now able to issue the payment of your claim to this account directly. Alternatively, if you paid for your policy in full, please can you provide us with your bank account details by contacting us on the details above, so that you can also benefit from a quicker claims settlement.

In what capacity will we act?

We will act as your agent when sourcing a policy. We will also 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 using the above email address or by telephone on 01423 535 057.

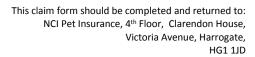
Kind regards

Craig Lambert

Pet Claims Team Leader

On behalf of the Pet Claims Team

NCI Pet Insurance





Clair	m Form fo	or Death		POLICY NUMBER: CLAIM REF:					
1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER)				1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)					
Your Name:				Your Pet's Name:					
Address:				1					
				Species:					
Home phone no:			Breed:						
Mobile 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)									
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 deuthanized.	ied or was		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*								ECEIPT*	
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 yo	our pet f	from the seller/ breeder?	Yes		No		
4 – DECLARATION (TO BE COMPLETED BY THE POLICY HOLDER)									
I declare to the best the information I ha complete.	ige and belief,	name		Signature of	Policy holder				
I agree that NCI may requires from any ve	1112	te:	/ /						