

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

Re: Pet Insurance Claim Form Download Our Ref: Theft and Straying/ Advertising and Reward

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. Please find attached a Theft and Straying/ Advertising and Reward claim form. Please fully complete and sign the claim form and attach the following information:

Written confirmation that loss reported to police/dog warden (Dog's only)
Operator report (if the loss of your pet occurred during a journey)
Copies of any advertising used
Receipts for any additional costs incurred (to be detailed on the claim form)
Reward receipt (if the reward has been pre-approved by us)
Pedigree /kennel club/ GCCF certificate (if selected relevant insurance cover)
Purchase Receipt (if selected the relevant insurance cover)

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.

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.

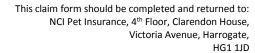
Kind regards

Craig Lambert

Pet Claims Team Leader

On behalf of the Pet Claims Team

NCI Pet Insurance





Claim Form for Advertising and

POLICY NUMBER:

Reward / The	aying		CLAIM RE	F:			
1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER) Your Name:				1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER) Your Pet's Name:			
Address:							
				Species:			
Home phone no:				Breed:			
Mobile phone no:				Date of Bi	rth:		
E-mail address:				Date of pu	urchase:	/ /	
2 – CIRCUMSTANCES SURROUNDING LOSS OF PET (TO BE COMPLETED BY THE POLICYHOLDER)							
Please provide the first date and location that the pet was noticed as missing:		Date:	/ /		Time	2:	
		Location:					
If your pet has been recovered, please provide the date and		Date:	/ /		Time	e:	
location:		Location:					
Please provide details of the circumstances of loss: (Please feel free to continue on a separate page if necessary)							
3 – DETAILS OF WHO YOU REPORTED THE LOSS OF YOUR PET TO (TO BE COMPLETED BY THE POLICY HOLDER)							
Authority loss report (Dogs only)	ed to:					Written confirmation enclosed	
Operator loss reported to if loss occurred during the course of a journey:						Written confirmation enclosed Booking invoice enclosed	

Please advise us of any	Name and address:						
veterinary surgeries and/or	Traine and address:	Telephone:					
rescue centres which the loss		Тегерлолеі					
of your pet was reported to:		Date:					
(Attach a separate sheet if necessary)							
Did							
Did you use a missing pet service? If so, please provide							
details.							
	☐ ☐ If ve	es, please state how much was					
Did you offer a reward?	VAC I INO I I	ered:					
4 – ADVERTISING AND REWA	RD (TO BE COMPLETED BY THE	POLICYHOLDER)					
		•					
Amount being claimed for advertising:	f	£ Copy of adverts enclosed Receipts enclosed					
auvertising.							
Amount being claimed for	· ·						
reward:	£ Re	ceipt of reward paid (signed by the recipient)					
5 – PURCHASE DETAILS OF PE	T (TO BE COMPLETED BY THE F	POLICYHOLDER)(PREMIUM COVER ONLY)					
Please allow 30 days from the los	s of your pet before claiming for t	the value of your pet.					
		ding the loss of your pet, please provide evidence that suitable					
advertising was used.							
Value of pet claiming for:	f	Purchase receipt enclosed					
Pedigree certificate enclosed	Kennel Club certificate er	nclosed G.C.C.F certificate enclosed					
6 – POLICYHOLDER DECLARAT	ION						
I declare to the best of my knowle	adge and belief Your name	Signature of Policy holder					
the information I have given is bo	tuge and belief,						
complete. I can confirm that the							
veterinary practice was notified v	vithin 24 hours						
that the pet was missing.							
I agree that NCI may seek any information requires from any veterinary practice.	I agree that NCI may seek any information it Date: / /						
requires from any veterinary prac	Little.						
7 – VETERINARY DECLARATIO	N (TO BE COMPLETED BY A RE	GISTERED VETERINARY PRACTITIONER/ NURSE)					
I declare that all the information	have given on this claim form is o	correct to the best of my knowledge and belief.					
Date notified of loss of pet:	/	Vet stamp:					
Name							
Name:							
Signature: Practice number:							
<u>[</u>	MRCVS	number:					
Date:	, ,						