



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

Thank you for downloading a claim form; please find attached Theft and Straying/ Advertising and Reward claim form for your pet. I am so sorry to hear of the sad loss of your pet and I wish to offer my most sincere condolences.

Please fully complete and sign the claim form and attach the following information:

- Written confirmation that loss reported to the police/ dog warden (dogs 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 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.

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 Advertising and Reward / Theft and Straying

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 – 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:

Location:

If your pet has been recovered, please provide the date and location:

Date:

 / /

Time:

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 reported to:
(Dogs only)

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 veterinary surgeries and/or rescue centres which the loss of your pet was reported to: (Attach a separate sheet if necessary)

Name and address:

Telephone:

Date:

Did you use a missing pet service? If so, please provide details.

Did you offer a reward?

Yes

No

If yes, please state how much was offered:

£

4 – ADVERTISING AND REWARD (TO BE COMPLETED BY THE POLICYHOLDER)

Amount being claimed for advertising:

£

Copy of adverts enclosed

Receipts enclosed

Amount being claimed for reward:

£

Receipt of reward paid (signed by the recipient)

5 – PURCHASE DETAILS OF PET (TO BE COMPLETED BY THE POLICYHOLDER)(PREMIUM COVER ONLY)

Please allow 30 days from the loss of your pet before claiming for the value of your pet.

PLEASE NOTE: If you are not claiming for advertising costs surrounding the loss of your pet, please provide evidence that suitable advertising was used.

Value of pet claiming for:

£

Purchase receipt enclosed

Pedigree certificate enclosed

Kennel Club certificate enclosed

G.C.C.F certificate enclosed

6 – POLICYHOLDER DECLARATION

I declare to the best of my knowledge and belief, the information I have given is both true and complete. I can confirm that the attending veterinary practice was notified within 24 hours that the pet was missing.

Your name

Signature of Policy holder

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

Date: / /

7 – VETERINARY DECLARATION (TO BE COMPLETED BY A REGISTERED VETERINARY PRACTITIONER/ NURSE)

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

Date notified of loss of pet:

/ /

Vet stamp:

Name:

Signature:

MRCVS

Practice number:

Date:

/ /