

Re: Pet Insurance Claim Form Download Our Ref: Veterinary Fees

Thank you for downloading a claim form; please find attached a Veterinary Fees claim form for your pet. Please fully complete and sign the claim form and attach the following information:

□ Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)□ Full itemised invoices

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.

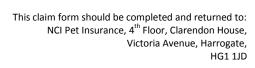
Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claims progress.

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





Claim Form for Veterinary Fees and

	ementary Treatme		POLICY NUMBER:						
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:			Dog	Cat Rabbit					
Posto	code:		Male	Female					
Home phone no:			Breed:						
Mobile phone no:			Date of Birth:	/ /					
E-mail address:			Date of purchase:	/ /					
2 – DETAILS OF YO Name of illness/ injuryour vet Please provide the dinoticed your pet wa	ry as advised by ate you first	RY (TO BE CO ESS/INJURY 1 /	OMPLETED BY THE PO	ILLNESS/INJURY 2 / /					
	RIES WHERE YOUR PET HAS BE	EEN REGISTERI	ED BEFORE:						
VET 1: Name: Address:			VET 2: Name: Address:						
Postcode: Telephone number: Dates: to			Postcode: Telephone number: Dates: to						
	of my knowledge and belief, we given is both true and	A — DIRECT 1 Your name Signature of Polic		B — DIRECT TO YOUR VET Your name Signature of Policy holder					
Signature of Polic			y notaci	Signature of Policy holder					

I agree that NCI may seek any information it requires from any veterinary practice.		/	/		Date:		/	/		
4 – DETAILS OF THE CLAIM (TO BE COMPLETED BY THE VETERINARY PRACTICE)										
Continuation Claim: (Have you filled in a claim form for this illness or injury before?)	CLAIN Yes	Л 1	No		CLAI Yes	M 2	Ν	lo		
Name of the illness or injury: (If no diagnosis has been made please give clinical signs)										
When did this injury/ illness begin:		/	/			/	,	/		
Treatment dates:		to					to			
Has the pet been treated for this illness/ injury or a similar/ related condition before? (If yes please provide a copy of the appropriate clinical history with dates etc.)	Yes		No		Yes		N	lo		
Were any preventative treatments e.g. Flea/ Wormers used as treatment? If yes , please give details:	Yes		No		Yes		N	lo		
In connection with the treatment claimed were you required to make a house visit or provide out of hours treatment?	Yes		No		Yes		N	No		
If yes , please explain why the home visit/ out of hours treatment was necessary:										
Did the illness/ injury being claimed for result in the death or euthanasia of the pet?	Yes		No		Yes		Ν	lo		
Date of death:		/	/			/	,	/		
If the pet was put to sleep was this recommended?			No		Yes		N	lo		
Total amount claimed (inclusive of VAT)	£				£					
FOR ALL NEW CLAIM	S PLEA	SE INCLUDE	3 YEAR	I S MEDICA	L HISTO	RY				
If this pet has been referred please give the		REFERRAL VETERINARY PRACTICE DETAILS								
name, address and telephone number of the practice which referred the pet.		Name:								
		Address:								
Date pet first registered at your practice:		Postcode:								
/ /		Telephone number:								
5 – VETERINARY DECLARATION (TO BE COMPI	LETED B	BY A REGIST	ERED V	ETERINAR	Y PRACT	ITIONE	R/ NURS	SE)		

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

Name:		Vet stamp:	
Position within practice:			
Signature:	RVN/MRCVS		