

## How to claim in 2 easy steps

**Step 1:** Please complete the claim form on the following page.

**Step 2:** Send the form with all necessary documentation via email to **[mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.com)**. To prevent delays in handling your claim, we recommend sending us all documents electronically.

### Claim checklist

*Before sending in your claim form, please ensure the following:*

You have fully completed all relevant sections on this claim form.

*Please attach the following documents:*

A death certificate from your veterinarian.

The purchase receipt from when you bought your pet.

If your pet is a pedigree, the pedigree certificate (original or signed copy).

**Note:** We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

**Tip:** Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera to submit the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

### How your claim will be paid

- ▶ If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- ▶ If you have not elected to pay via direct debit with us, please fill in your bank details in the payment options section on the claim form. Please note, we can only pay benefits into a policyholder's bank account.

### Contact us

If you have any questions about your claim please call us on **0330 0570646** (between 9:00 - 17:00 Mon - Fri) or email us at **[mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.com)**

# Death Claim Form

Claim received on  
(MiPetCover use only):

Please complete the claim form and forward to us with the relevant documents to [mipetcoverclaims@petcoverservice.com](mailto:mipetcoverclaims@petcoverservice.com)

## Section 1. Your details

Policy no. : Your name:

Contact no. : E`mail:

Address: Postcode:

Pet's name: Pet's date of birth:

Is this pet insured with any other company? Yes No

If yes, what is the name of the insurance company?

## Section 2. Death from illness, injury or accident details

Illness/Injury or Accident commencement date: Date of death:

Cause of death:

In case of  
accident, please  
provide the full  
circumstances:

Purchase date: Purchase price: £ Amount claimed: £

## Section 3. Payment and declaration

### Payment

#### Payment into bank account.

Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

Account holder name: Sort code: Account number:

### Declaration

I authorise MiPetCover to provide the veterinary practice and any relevant third-party with information about my policy in respect of this claim and the veterinary practice to provide MiPetCover with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

Please tick here, if you have read and acknowledged the above declaration.

Date:

**MiPetCover | [mipetcoverclaims@petcoverservices.com](mailto:mipetcoverclaims@petcoverservices.com) | 0330 0570646**

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