



CLAIM FORM

PLEASE EMAIL YOUR COMPLETED FORM TO US AT PETCLAIMS@INSURANCEFACTORY.CO.UK OR POST TO MiPET COVER PET INSURANCE, 2ND FLOOR, 5000 LAKESIDE, NORTH HARBOUR, WESTERN ROAD, PORTSMOUTH, PO6 3EN

Section 1 – This section to be completed by the insured		Policy Number:																											
Title: <input style="width:90%;" type="text"/> Surname: <input style="width:90%;" type="text"/> Forename: <input style="width:90%;" type="text"/> Home address: <input style="width:90%; height: 40px;" type="text"/> Postcode: <input style="width:90%;" type="text"/> Telephone: <input style="width:90%;" type="text"/> Email address: <input style="width:90%;" type="text"/>	Cover in force: <input style="width:90%;" type="text"/> Inception date: <input style="width:90%;" type="text"/> Policy dates: <input style="width:90%;" type="text"/> Pet name: <input style="width:90%;" type="text"/> Breed: <input style="width:90%;" type="text"/> Pet type: <input style="width:90%;" type="text"/> Age of pet: <input style="width:90%;" type="text"/> Date pet acquired: <input style="width:90%;" type="text"/> First date of illness / injury or condition: <input style="width:90%;" type="text"/> Microchip number (if applicable): <input style="width:90%;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> <tr><td colspan="3" style="text-align: center;">-</td></tr> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> <tr><td colspan="2" style="text-align: center;">Sex of pet:</td><td style="width:10%;"><input style="width:90%;" type="text"/></td></tr> <tr><td colspan="2" style="text-align: center;">Purchase price:</td><td><input style="width:90%;" type="text"/></td></tr> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> <tr><td colspan="3" style="height: 20px;"><input type="text"/></td></tr> </table>	<input type="text"/>			<input type="text"/>			-			<input type="text"/>			Sex of pet:		<input style="width:90%;" type="text"/>	Purchase price:		<input style="width:90%;" type="text"/>	<input type="text"/>			<input type="text"/>			<input type="text"/>		
<input type="text"/>																													
<input type="text"/>																													
-																													
<input type="text"/>																													
Sex of pet:		<input style="width:90%;" type="text"/>																											
Purchase price:		<input style="width:90%;" type="text"/>																											
<input type="text"/>																													
<input type="text"/>																													
<input type="text"/>																													
Please provide a brief description of illness/injury/condition:																													
<input type="text"/>																													
Is your pet currently covered by any other insurance policy? If yes please specify below.																													
Name of Insurer:	Policy number:	Expiry date:																											
<input type="text"/>																													
Has your pet been registered with any other vet? If yes, please provide contact details:																													
<input type="text"/>																													
Payment instructions:																													
Should we make the payment direct to the Veterinary Clinic?		YES/NO																											
<u>Where instructions are unclear, payment will be made to you.</u>		<i>Delete as appropriate</i>																											
Payment to you will be made by BACS (Bankers Automated Clearing Services) if you pay for your policy by Direct Debit and the bank account is in your own name or you are a joint account holder.																													
If you do not pay for your policy by monthly Direct Debit BACS (Bankers Automated Clearing Services) please provide the details here.	Account holder name	<input style="width:95%;" type="text"/>																											
	Sort code	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td></tr></table>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>																			
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>																						
	Account number	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td><td style="width:12.5%;"><input style="width:90%;" type="text"/></td></tr></table>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>																			
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>																						
A confirmation email will be sent once processed. If we do not hold your email address it will be sent by post.																													
Declaration:																													
1. I declare that all details provided herein represent a true and accurate statement of the details pertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim. I can also confirm that this claim form has been signed and dated after the treatment has taken place.																													
2. I declare that where a claim involves a potential refund from other insurers or a third party, I hereby authorise them to remit any refund to my insurer.																													
3. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with my Vet in order for my claim(s) to be administered.																													
4. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.																													
Signed	<input style="width:90%;" type="text"/>	Name <input style="width:90%;" type="text"/> Date <input style="width:90%;" type="text"/>																											
<small>*Must be after treatment date</small>																													

Section 2 – This section to be completed by the Veterinary Surgeon

Age of pet: How long have you been treating the animal?

If this is a referral, please advise of the practice name and address that referred the case:

Date	Diagnosis	Treatment	Cost (Inc. VAT)
------	-----------	-----------	-----------------

--

Has the animal received treatment for any of the above, or any related conditions before? **YES/NO**

Delete as appropriate

If yes, please provide details:

Is this a continuation claim? **YES/NO**

Delete as appropriate

Do you consider this to be a hereditary/congenital condition? **YES/NO**

Delete as appropriate

If a home visit was made, was it because moving the pet would have endangered the pet's health? **YES/NO**

Delete as appropriate

Has the pet died as a result of the illness/injury mentioned above? **YES/NO**

Delete as appropriate

If the claim payment is to be paid straight into the Surgery bank account by BACS (Bankers Automated Clearing Services) please provide the details here.

Practice account name

Sort code

Account number

Declaration by Veterinary Surgeon:

Veterinary Practice Stamp and VAT No:

I certify that, to the best of my knowledge all the information contained on this form is correct and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Signed Date

Practice email address

Print name

A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED FOR VETERINARY FEE CLAIMS



HOW TO CLAIM - DOCUMENTS REQUIRED HELP SHEET

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Veterinary Fees	Claim form fully completed, signed (after each invoice received) and dated by you (the named policyholder) & your Veterinary Surgeon.	<input type="checkbox"/>
	A full clinical history from your Veterinary Surgeon.	<input type="checkbox"/>
	An itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/>
Death Benefit	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.	<input type="checkbox"/>
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	<input type="checkbox"/>
	Witness statement of the incident that caused the death (if applicable)	<input type="checkbox"/>
Boarding Kennel/Cattery	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Kennel or cattery invoice.	<input type="checkbox"/>
	Letter from your GP confirming the date they first saw you for the condition you were hospitalised for.	<input type="checkbox"/>
	A letter from the hospital confirming the dates you were hospitalised from and to.	<input type="checkbox"/>
Advertising & Reward	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Searchers fee invoice if appointed.	<input type="checkbox"/>
	Receipts for stationery used.	<input type="checkbox"/>
	The finder of your pet detailing the reward you gave and a signed receipt including their full name and address.	<input type="checkbox"/>
Theft or Straying	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.	<input type="checkbox"/>
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	<input type="checkbox"/>
	Name and telephone number of all local vets, rescue centres, police station and police officers name and badge number you reported it to (if dog) or dog warden you have contacted.	<input type="checkbox"/>
Transportation and Overnight Expenses	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Accommodation invoice.	<input type="checkbox"/>
	Fuel receipt.	<input type="checkbox"/>
	Details of car make and model.	<input type="checkbox"/>
	Details of distance travelled.	<input type="checkbox"/>
Holiday Cancellation	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Travel operator (or similar) confirmation letter of cancellation and costs charged.	<input type="checkbox"/>
Overseas Travel	Claim form fully completed and signed by you (the named policyholder) & the treating Veterinary Surgeon.	<input type="checkbox"/>
	A full clinical history from your Veterinary Surgeon.	<input type="checkbox"/>
	An itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/>
Liability, Accidental Damage	You will need to complete a Liability Claim form, please contact us to obtain a copy.	<input type="checkbox"/>

Important: Please refer to your policy terms and conditions and exclusions which shows the level of cover you have in place for your pet and what benefits are available to you. Not all of the benefits listed here are claimable on certain policies.