Claim Form Completion Guide

Dear policyholder,

To help us process your claim as quickly as possible, please ensure that:

- You have checked your Certificate of Insurance to confirm that you have cover in place for Accidental Damage, Damage to Kennel/Basket and Loss of Limb or Sight
- You have fully completed all of the relevant sections of the claim form as incomplete forms will be returned
- You sign the claim form. We cannot accept claim forms unless they are signed by the policyholder
- You provide any relevant documentation requested on the sections you have completed on the claim form. This could include: photographs to show evidence of damage caused, estimates of repair costs where an item may be repairable including date and full cost, purchase receipt or valuation where an item cannot be repaired, a medical certificate/report
- You keep copies of all the documents you send us for future reference
- Once everything is ready please send your claim form and the necessary information to;
  Sainsbury’s Pet Insurance
  Great West House (GW2)
  Great West Road
  Brentford
  Middlesex
  TW8 9DX

We aim to process your claim within seven working days from receiving your completed claim form and any supporting documentation. This means you will normally hear from us within two weeks from the date you post in your claim form. If we need more information to process your claim, we will tell you what it is and how to get it. We may contact you about this claim and future claims using the contact details provided on this form by phone, letter, text message or email.

Once we have assessed your claim we will provide you with a decision, letting you know:

- How much we will pay. If we can't help you with all or part of your claim, we will explain why.
- How much you need to pay towards the cost of treatment. This will include uncovered items and any amount above your cover limit.

If you have any queries, or any problems when filling in your claim form, please call us on freephone 0330 100 7913. We're available Monday to Friday, 8am until 8pm and Saturdays, 9am until 5pm.
# Claim Form for Accidental Damage, Damage to Kennel/Basket and Loss of Limb or Sight

1. **Policyholder to complete**

   **About you and your pet**
   - **Policy Number**

   **About your Pet**
   - **Your Pet’s Name**
   - **Pet’s Microchip no.**
   - **Pedigree Name**
   - **Pet’s Date of Birth**
   - **Breed**
   - **Pet’s Gender**
   - **Species**
   - **Is your Pet insured with any other company?**
     - **Yes**
     - **No**
   - **Name of company**

2. **Policyholder to complete**

   **Accidental Damage**

   Please give us details about the incident.
   - **Date**
   - **Location**
   - **Address**
   - **Postcode**

   **Owner of property**
   - **You**
   - **Family member**
   - **Employee**
   - **Third Party**
   - **Other**
     - **Details**

   **Please give details on nature of damage**

   **Please supply the following when submitting your claim**
   - **Completed claim form**
   - **Written and photographic evidence of damage caused**
   - **Estimate of repair costs if item is repairable**
   - **Purchase receipt/valuation if item cannot be repaired**

3. **Policyholder to complete**

   **Damage to Kennel/Basket**

   Please supply the following when submitting your claim
   - **Completed claim form**
   - **Written and photographic evidence of damage caused**
   - **Estimate of repair costs if item is repairable**
   - **Purchase receipt/valuation if item cannot be repaired**

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Please complete the claim form fully using a black pen and block capitals, using a separate form for each pet. If you have any questions call us on 0330 100 7913. Or if you need help completing the form please visit [http://www.sainsburysbank.co.uk/pet](http://www.sainsburysbank.co.uk/pet)
4. Policyholder to complete  Loss of Limb or Sight

Did the loss occur to you?  Yes ☐  No ☐
If no, please complete below  Family member ☐  Other ☐
Does this person live with you?  Yes ☐  No ☐

Details of incident
______________________________________
______________________________________
______________________________________
______________________________________

Date of incident ☐ ☐ ☐ ☐
Type of injury  Loss of limb ☐
Loss of sight ☐
Both eyes ☐  One eye ☐

Was this injury caused by an animal?  Yes ☐  No ☐
If Yes  Dog ☐  Cat ☐

Please supply the following when submitting your claim
☐ Completed claim form
☐ Medical certificate/report

6. Policyholder to complete  Declaration

By signing this form I confirm I have checked the information given on this form and that it is correct to the best of my knowledge. I understand that if the information is not true / accurate or complete my claim may not be paid and my insurance may be cancelled or void.

Signature

Date ☐ ☐ ☐ ☐ ☐

Incomplete claim forms will be returned to the policyholder and this will delay their claim