

## 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 to 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 claims 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.



Please complete the claim form fully using a black pen and block capitals, using a separate form for each pet.

Great West House (GW2), Great West Road,  
Brentford, Middlesex, TW8 9DX

## Claim Form for Accidental Damage, Damage to Kennel/Basket and Loss of Limb or Sight

### We're here to help

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>

#### 1. Policyholder to complete

#### About you and your pet

Policy Number

Policyholder Name

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address

Please tick here if this is different to the address  
on your Certificate of Insurance

#### About your Pet

Your Pet's Name

Pet's Microchip no.

Pedigree Name

Pet's Date of Birth

Breed

Pet's Gender Male  Female

Species Dog  Cat

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

Item Kennel  Basket

Type of damage

Fire  Flood

Burst water pipes  Storm

Other

Date of damage

Is this item still in your possession? Yes  No

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

Continue Overleaf

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

Date of incident

Type of injury Loss of limb   
Loss of sight  Both eyes  One eye

Details of incident

Text area for incident details with horizontal lines.

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

Signature line box.

Date

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