

Claim Form Completion Guide

Dear policyholder,

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

- You have given your email address in section 1 if you want payment directly into your bank account. If no email address is given then cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.
- You have checked your Certificate of Insurance to confirm that you have cover in place for Emergency Boarding Fees
- 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
- Your general practitioner / hospital physician / surgeon completes and signs section 2 of the claim form
- The boarding kennel or cattery proprietor / home carer completes and signs section 3 of the claim form
- You provide either;
 - a receipt from the boarding kennel or cattery
 - written confirmation of payment from home carer
- 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 7914. 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 Boarding Fees (Emergency Boarding Fees / Daily Minding)

We're here to help

If you have any questions call us on 0330 100 7914.
Or if you need help completing the form please visit
<http://www.sainsburysbank.co.uk/pet>

1. This section must be completed by the policyholder		Policy Number	<input type="text"/>
Policyholder's Name	<input type="text"/>	Pet's Name	<input type="text"/>
Home Address	<input type="text"/>	Species (Dog/Cat)	Dog <input type="checkbox"/> Cat <input type="checkbox"/>
Postcode	<input type="text"/>	Breed	<input type="text"/>
Home Tel Number	<input type="text"/>	Pet's Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile Tel Number	<input type="text"/>	Pet's Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email Address	<input type="text"/> <small>(Required to process claims payments)</small>	Microchip Number	<input type="text"/>
		Date you first owned your pet	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Is your pet insured with another company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payee details			
Direct Debit customers		<input type="text"/>	
Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 1 to avoid delay in settlement.		signature	
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.		Print Name <input type="text"/>	
		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. Policyholder's general practitioner/hospital physician/surgeon		If this is not filled in your claim will be delayed	
Patient's name Mr/Mrs/Ms	<input type="text"/>	Date of hospitalisation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
G.P. practice name and address	<input type="text"/>	Medical condition requiring hospital treatment	<input type="text"/>
	<input type="text"/>	Did the patient require convalescence / rehabilitation care outside hospital	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode	<input type="text"/>	If Yes , dates of convalescence / rehabilitation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone no	<input type="text"/>	I confirm that to the best of my knowledge the statements are true in every respect.	
Name and address of admitting hospital	<input type="text"/>	Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)	<input type="text"/>
	<input type="text"/>	signature	<input type="text"/>
Date of first visit to any doctor for this	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Boarding kennel proprietor/home carer to complete		Please attach receipts from kennels/home carer	
Pet looked after by:		Date of boarding/home care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cattery/Kennels <input type="checkbox"/>	Receipt attached <input type="checkbox"/>	Boarding fees per day	£ <input type="text"/> - <input type="text"/>
Home carer <input type="checkbox"/>	Written confirmation of payment from home carer attached <input type="checkbox"/>	Total fees	£ <input type="text"/> - <input type="text"/>
Owner's name Mr/Mrs/Ms	<input type="text"/>	I confirm that to the best of my knowledge the statements are true in every respect.	
Name of kennel/cattery/home carer	<input type="text"/>	Signature(s) of cattery or kennel proprietor/home carer (please delete as applicable)	<input type="text"/>
	<input type="text"/>	signature	<input type="text"/>
Postcode	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone no	<input type="text"/>		

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

