

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

Policyholder's Name

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address
(Required to process claims payments)

Policy Number

Pet's Name

Species (Dog/Cat) Dog Cat

Breed

Pet's Date of Birth

Pet's Gender Male Female

Microchip Number

Date you first owned your pet

Is your pet insured with another company? Yes No

Payee details

Direct Debit customers
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.
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

Print Name

Date

2. Policyholder's general practitioner/hospital physician/surgeon

Patient's name Mr/Mrs/Ms

G.P. practice name and address

Postcode

Telephone no

Name and address of admitting hospital

Postcode

Date of first visit to any doctor for this

If this is not filled in your claim will be delayed

Date of hospitalisation to

Medical condition requiring hospital treatment

Did the patient require convalescence / rehabilitation care outside hospital Yes No

If Yes, dates of convalescence / rehabilitation to

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

signature

Date

3. Boarding kennel proprietor/home carer to complete

Pet looked after by:

Cattery/Kennels Receipt attached

Home carer Written confirmation of payment from home carer attached

Owner's name Mr/Mrs/Ms

Name of kennel/cattery/home carer

Postcode

Telephone no

Please attach receipts from kennels/home carer

Date of boarding/home care to

Boarding fees per day £ -

Total fees £ -

I confirm that to the best of my knowledge the statements are true in every respect.

Signature(s) of cattery or kennel proprietor/home carer (please delete as applicable)

signature

Date

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

