

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 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 7913. We're available Monday to Friday, 8am until 8pm and Saturdays, 9am until 5pm.

Sainsbury's Pet Insurance is sold, underwritten and administered by Allianz Insurance plc registered in England number 84638. Registered office: 57 Ladymead, Guildford, Surrey, GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Allianz Insurance plc is on the Financial Services Register, registration number 121849.

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

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 7913.
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

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"/>
Mobile Tel Number <input type="text"/>	Pet's Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Email Address <input type="text"/>	Microchip Number <input type="text"/>
	Date you first owned your pet <input type="text"/>
	Is your pet insured with another company? Yes <input type="checkbox"/> No <input type="checkbox"/>

Payee details Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

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

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"/> to <input type="text"/>
G.P. practice name and address <input type="text"/>	Medical condition requiring hospital treatment <input type="text"/>
Postcode <input type="text"/>	Did the patient require convalescence / rehabilitation care outside hospital Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone no <input type="text"/>	If Yes , dates of convalescence / rehabilitation <input type="text"/> to <input type="text"/>
Name and address of admitting hospital <input type="text"/>	I confirm that to the best of my knowledge the statements are true in every respect.
Postcode <input type="text"/>	Signature(s) of G.P./hospital physician/surgeon (please delete as applicable) <input type="text"/>
Date of first visit to any doctor for this <input type="text"/>	signature <input type="text"/>
	Date <input type="text"/>

3. Boarding kennel proprietor/home carer to complete Please attach receipts from kennels/home carer

Pet looked after by: Cattery/Kennels <input type="checkbox"/> Receipt attached <input type="checkbox"/> Home carer <input type="checkbox"/> Written confirmation of payment from home carer attached <input type="checkbox"/>	Date of boarding/home care <input type="text"/> to <input type="text"/>
Owner's name Mr/Mrs/Ms <input type="text"/>	Boarding fees per day £ <input type="text"/>
Name of kennel/cattery/home carer <input type="text"/>	Total fees £ <input type="text"/>
Postcode <input type="text"/>	I confirm that to the best of my knowledge the statements are true in every respect.
Telephone no <input type="text"/>	Signature(s) of cattery or kennel proprietor/home carer (please delete as applicable) <input type="text"/>
	signature <input type="text"/>
	Date <input type="text"/>

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

