

Please complete using a black pen and block capitals.

If you are submitting a continuation claim, only complete the shaded boxes marked with a **C**

# Electronic Claim Authorisation Form

# Sainsbury's Bank

## 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. Policyholder to complete

About you and your pet

Policy Number

C

Policyholder's Name

C

Home Tel Number

Mobile Tel Number

Email Address

(Required to process claims payments)

Home Address

  

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Postcode

Pet's Name

C

## 2. Policyholder to complete

## Details of your pet's illness/injury

What illness, injury or behavioural disorder are you claiming the cost of treatment for?

Condition 1

C

Condition 2  
(If relevant)

C

When did you first notice your pet was injured, unwell or acting strangely?

Condition 1

D	D	M	M	Y	Y
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Condition 2 (If relevant)

D	D	M	M	Y	Y
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Did the illness or injury result in the death of your pet?

Yes  No

**If Yes**, Date of death

D	D	M	M	Y	Y
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## 3. Policyholder to complete

## Payee details

By signing this form I authorise Sainsbury's Bank to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Sainsbury's Bank with all information relating to my pet. I also 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.

C

**Please tell us who to pay and sign the box below to confirm you agree with this declaration.**

Please pay **me**

If you want electronic payment,  
please contact Sainsbury's Bank

Please pay **vet**

  
signature

Date

D	D	M	M	Y	Y
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