

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 Holiday Cover is included in your policy.
- You have fully completed all of the relevant sections of the claim form as incomplete forms will be returned to you.
- You sign the claim form. We cannot accept claim forms unless they are signed by the policyholder
- Your vet completes and signs where applicable.
- You provide any relevant documentation requested on the sections you have completed on the claim form. Any invoices must show the dates and total costs.
- 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 your excess, 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 black pen and block capitals, using a separate form for each pet.

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>

Claim Form for Holiday Cover

1. Policyholder to complete		About you	Policy Number <input type="text"/>
Policyholder Name	<input type="text"/>	Please tick here if this is different to the address on your Certificate of Insurance <input type="checkbox"/> Details of any other travel insurance Company Name <input type="text"/> Other Providers Policy Number <input type="text"/> Other Providers Address <input type="text"/> Postcode <input type="text"/>	
Home Address	<input type="text"/>		
Postcode	<input type="text"/>		
Daytime Tel No	<input type="text"/>		
Mobile Tel No	<input type="text"/>		
Email Address	<input type="text"/> <small>(Required to process claims payments)</small>		
2. Policyholder to complete		About your pet	
Pet's Name	<input type="text"/>	Microchip Number	<input type="text"/>
Pedigree Name	<input type="text"/>	Name of UK veterinary surgery where your pet is registered	
Is your pet a	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	<input type="text"/>	
Breed	<input type="text"/>	Address <input type="text"/>	
Pet's Date of Birth	<input type="text"/>	Postcode <input type="text"/>	
Pet's certificate number	<input type="text"/>		
Pet's Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
3. Policyholder to complete		About your journey	
Dates of travel	from <input type="text"/> to <input type="text"/>	Countries visited <input type="text"/>	
Please attach copy of booking invoice or other relevant documents			
4. Policyholder to complete		About your claim	
Under which section(s) are you claiming	Sainsbury's Policy	Please now complete the following sections	
Overseas Veterinary Treatment	<input type="checkbox"/>	5 6 & 9	
Emergency repatriation	<input type="checkbox"/>	5 7 8 & 9	
Quarantine or loss of documents	<input type="checkbox"/>	5 8 & 9	
5. Policyholder to complete			
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.		signature <input type="text"/> Print Name <input type="text"/> Date <input type="text"/>	

6. Policyholder to complete

Overseas Veterinary Treatment

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

Condition 1

Condition 2 (If relevant)

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

Condition 1

Condition 2 (If relevant)

Has your pet shown the same or similar signs before? Yes No

If **yes** when

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number

What diagnosis did the vet make?

What treatment did the vet recommend?

Give details of the treatment received

Total amount claimed

Currency

Please attach copies of all receipts

7. Policyholder to complete

Emergency repatriation

Are you claiming for

- A** Additional costs to send your pet home
- B** Accommodation
- C** Cost of repatriating your pet following death

A+B Why was your pet unable to travel?

A+B What date were you advised the pet could not travel?

C What date was your pet's death?

A+B Give details of extra expenses incurred

Total amount claimed

Currency

Give details of travel expenses unused

Amount claimed

Currency

Give details of accommodation expenses unused

Amount claimed

Currency

Currency

Give details of additional accommodation expenses incurred

from to

Amount claimed

Currency

Please attach copies of your booking invoice, cancellation invoice and all receipts for your extra travelling expenses

Treating vet to complete

Name

Address

Telephone no

Illness or injury

Date first clinical signs were noticed

How has the injury or illness prevented the pet from travelling?

What date was your client advised the pet could not travel?

Signature Date

Practice stamp

8. Policyholder to complete

Quarantine or loss of documentation

Why was your pet not allowed back into the UK?

- A** Illness showed signs during trip
 B microchip failure
 C travel documents lost / stolen

A What illness did your pet show signs of?

A When did you first notice signs?

A+B Please give details of the type of microchip carried by your pet

A+B Please give the name and address of the quarantine establishment

Name

Address

Postcode

How long was your pet in quarantine?

A+B Give details of the costs of quarantine

Amount claimed

Currency

C Which documents did you lose to prevent your scheduled return home?

C Where were the documents kept prior to them going missing / being stolen?

C Please give details of the police/carrier to whom the loss was reported

Name

Address

Postcode

Date reported

When were they lost

8. Policyholder to complete cont.

Quarantine or loss of documentation (continued)

C What did you have to do to get duplicate documents

Text input area for duplicate documents

C Give details of costs in obtaining replacement documents

Text input area for replacement document costs

Amount claimed

Currency

A+B What was your scheduled date to return home?

DD MM YY date input

What was your method of returning?

Text input area for return method

A+B How did you eventually return home?

Large text input area for return home details

When did you eventually return home? DD MM YY

Give details of travel expenses

Text input area for travel expenses

Amount claimed

Currency

Give details of accommodation expenses

Text input area for accommodation expenses

from DD MM YY to DD MM YY

Amount claimed

Currency

9. Policyholder to complete

Declaration

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Signature Date DD MM YY

Signature and date input area

Print name

Print name input area

Please state the number of documents enclosed including this form.

Number of documents input area

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