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 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.
# Claim Form for Holiday Cover

**1. Policyholder to complete**

**About you**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policyholder Name</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Daytime Tel No</td>
<td></td>
</tr>
<tr>
<td>Mobile Tel No</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>(Required to process claims payments)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick here if this is different to the address on your Certificate of Insurance</td>
<td></td>
</tr>
</tbody>
</table>

**Details of any other travel insurance**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
</tr>
<tr>
<td>Other Providers Policy Number</td>
<td></td>
</tr>
<tr>
<td>Other Providers Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

**2. Policyholder to complete**

**About your pet**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pet’s Name</td>
<td></td>
</tr>
<tr>
<td>Pedigree Name</td>
<td></td>
</tr>
<tr>
<td>Is your pet a</td>
<td>Dog ✖ Cat</td>
</tr>
<tr>
<td>Breed</td>
<td></td>
</tr>
<tr>
<td>Pet’s Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Pet’s certificate number</td>
<td></td>
</tr>
</tbody>
</table>
| Pet’s Gender                  | Male ✖ Female |}

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microchip Number</td>
<td></td>
</tr>
<tr>
<td>Name of UK veterinary surgery where your pet is registered</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

**3. Policyholder to complete**

**About your journey**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of travel from</td>
<td></td>
</tr>
<tr>
<td>to</td>
<td></td>
</tr>
<tr>
<td>Please attach copy of booking invoice or other relevant documents</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries visited</td>
<td></td>
</tr>
</tbody>
</table>

**4. Policyholder to complete**

**About your claim**

<table>
<thead>
<tr>
<th>Under which section(s) are you claiming</th>
<th>Sainsbury’s Policy</th>
<th>Please now complete the following sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseas Veterinary Treatment</td>
<td></td>
<td>5 6 &amp; 9</td>
</tr>
<tr>
<td>Emergency repatriation</td>
<td></td>
<td>5 7 8 &amp; 9</td>
</tr>
<tr>
<td>Quarantine or loss of documents</td>
<td></td>
<td>5 8 &amp; 9</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

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*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.sainsburybank.co.uk/pet
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?

Give details of travel expenses unused

Amount claimed

Currency

Give details of accommodation expenses unused

Amount claimed

Currency

Give details of additional accommodation expenses incurred

from  D  D  M  M  Y  to  D  D  M  M  Y

Amount claimed

Currency

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

A+B  Give details of extra expenses incurred

Total amount claimed

Currency

A+B  Give details of extra expenses incurred

Total amount claimed

Currency
### Why was your pet not allowed back into the UK?

- A Illness showed signs during trip
- B Microchip failure
- C Travel documents lost / stolen

### What illness did your pet show signs of?

- A

### When did you first notice signs?

- D

### Please give details of the type of microchip carried by your pet


### Please give the name and address of the quarantine establishment

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone no</td>
</tr>
</tbody>
</table>

### Date first clinical signs were noticed

- \[ \square \square \square \square \square \]

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


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

- \[ \square ]

### 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

**What illness did your pet show signs of?**

- A

**When did you first notice signs?**

- \[ \square ]

**Please give details of the type of microchip carried by your pet**


**Please give the name and address of the quarantine establishment**

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

**How long was your pet in quarantine?**


**Give details of the costs of quarantine**

<table>
<thead>
<tr>
<th>Amount claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currency</td>
</tr>
</tbody>
</table>

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


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


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

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

**Date reported**

- \[ \square ]

**When were they lost**

- \[ \square ]
8. Policyholder to complete cont. Quarantine or loss of documentation (continued)

C What did you have to do to get duplicate documents

C Give details of costs in obtaining replacement documents

Amount claimed

Currency

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

How did you eventually return home?

When did you eventually return home?

Give details of travel expenses

Amount claimed

Currency

Give details of accommodation expenses

from

to

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

Print name

Please state the number of documents enclosed including this form.

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