

## 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 Personal Liability
- 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 Medical Practitioner completes and signs where applicable
- 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.



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

## 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>

# Claim Form for Personal Liability

### 1. Policyholder to complete

#### About you

#### Policy Number

Policyholder Name

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address

Please tick here if this is different to the address on your Certificate of Insurance

Please give details on what type of claim you are claiming for

- Property damage  Please complete sections 1, 2, 3 & 7
- Fatality  Please complete sections 1, 2, 4, 5, 6 & 7
- Injury  Please complete sections 1, 2, 4, 5, 6 & 7
- Illness  Please complete sections 1, 2, 4, 5, 6 & 7

### 2. Policyholder to complete

#### About your dog

Your pet's Name

Pet's Microchip no.

Pedigree name

Pet's Date of Birth

Pet's Gender Male  Female

Breed

Which policy plan do you have?

Was your pet involved in the claiming incident? Yes  No

Does your pet suffer with any behavioural issues? Yes  No

**If Yes**, please give details

Is your pet insured with any other company? Yes  No

**If Yes**, please state which company

Does your pet require any special handling? Yes  No

**If Yes**, please give details

### 3. Policyholder to complete

#### Property Damage

Name of property owner

Address

Postcode

Relationship to you

#### Details of damaged property

Date damage occurred

Value of damaged property £

Age of damaged property

Continue Overleaf

4. Policyholder to complete

Fatality, Injury & Illness

Please specify type of claim Fatality  Injury  Illness

Name of person involved

Address

Postcode

Date of Birth

Relationship to the policyholder

Does the pet involved belong to you, the policyholder?  
 Yes  No

Date of incident

Where did the incident take place?

Please describe the nature of the injury/illness

  
  


Was the person treated by a doctor, paramedics/  
 first aider at the scene of the incident? Yes  No

Were they taken to hospital? Yes  No

If Yes, which hospital?

  
  


Did the incident occur at your place of business? Yes  No

5. Medical Practitioner to complete

Fatality, Injury & Illness cont...

If medical attention was sought

Name of person involved

Address

Postcode

Are you the person's normal medical attendant? Yes  No

If Yes, date registered

If applicable, will the injuries give rise to

1) Permanent loss of limb, eye or hearing? Yes  No

2) Permanent total disability preventing any type of work?  
 Yes  No

3) Temporary total disability preventing the person attending  
 to any part of his/her occupation? Yes  No

Date you first attended

Nature of injuries/illness

What do you believe to be the cause?

  
  


Please state area of body affected

4) Temporary partial disability preventing the person from  
 the main part of his/her occupation? Yes  No

5) The hospitalisation of said person? Yes  No

If you have answered Yes to any of the above, please give details

  
  


Are there any aspects of the person's previous medical history that may  
 have any bearing on this claim?

  
  


Continue Overleaf

6. Medical Practitioner to complete

Declaration

**Please ensure this section is completed and stamped**

Medical Practitioner/Qualifications

Date

Practice stamp (if applicable)

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

Signature of GP/hospital physician/surgeon

7. Policyholder to complete

Declaration

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

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

