

## Claim Form Completion Guide

Dear policyholder,

To help us process your claim as quickly as possible, please ensure that:

- You and your vet fully complete 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 vet signs and stamps the claim form. We do not accept claim forms signed by other parties who may have treated your pet (e.g. a physiotherapist)
- The vet provides a full description and breakdown of the estimated treatment costs
- Your usual vet provides your pet's clinical history, where required, even if your pet has been referred to a different vet
- You keep copies of all the documents you to send us for future reference

The checklist over the page should help make sure that you haven't forgotten anything. Once everything is ready please send your claim form and the necessary information to the address at the bottom of the checklist.

We aim to process your request within seven working days from receiving your completed claim form and any supporting documentation. If treatment is urgent we will contact you and the veterinary practice by telephone with our decision, otherwise you will receive our decision by post. 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.

If we confirm treatment will be covered, simply send us the invoice when the treatment is complete, quoting the claim number you are provided with the decision.

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 Checklist

(Please use the checklist below to ensure we process your claim as quickly as possible)

- Have you fully completed sections 1 to 3?
- Have you signed the payee details box?
- Has your vet fully completed sections 4 to 7?
- Has your vet signed and stamped the form?
- Have you attached a description and breakdown of the estimated treatment costs?
- Have you attached a full clinical history from your usual vet  
(and the referral vet if applicable)?
- Have you kept a copy of all documents for your own records?

Once you have completed your claim form and the checklist above, please send the form and any documents to:

Sainsbury's Pet Insurance  
Great West House (GW2)  
Great West Road  
Brentford  
Middlesex  
TW8 9DX

To help us evaluate your claim quickly you can alternatively submit the form to us via:  
Fax on 01483 529 311  
Email at: [claims@sainsburysbankpetinsurance.co.uk](mailto:claims@sainsburysbankpetinsurance.co.uk)

Please complete using a black pen and block capitals.

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Email at: [claims@sainsburysbankpetinsurance.co.uk](mailto:claims@sainsburysbankpetinsurance.co.uk)

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 7914.  
Or if you need help completing the form please visit <http://www.sainsburysbank.co.uk/pet>

# Pre Authorisation Claim Form

1. Policyholder to complete		About you and your pet		Policy Number	<input type="text"/>
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"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<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"/>		
	(Required to process claims payments)				

  

2. Policyholder to complete		Details of your pet's illness/injury	
What illness, injury or behavioural disorder is the treatment for?			
<input type="text"/>			
When did you first notice your pet was injured, unwell or acting strangely?			
	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

3. Policyholder to complete		General information	
Please tell us the vet(s) where your pet has been registered previously to your current vet			
Practice name	<input type="text"/>	Practice name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Tel. No	<input type="text"/>	Tel. No	<input type="text"/>
Date last registered	<input type="text"/>	Date last registered	<input type="text"/>

  

Payee Details		Signature
<input type="checkbox"/> <b>Pay the vet direct</b>	I/We have checked with the vet and would like this claim paid directly to them	<input type="text"/>
	Practice name <input type="text"/>	Print name <input type="text"/>
<input type="checkbox"/> <b>Pay policyholder(s)</b>	<b>Direct Debit customers</b>	Date <input type="text"/>
	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.	<input type="text"/>

# This Section Must Be Completed By The Vet

## 4. Vet to complete

### About the illness or injury

When was this pet first registered at your practice?

Name of the illness/injury or the clinical signs if no diagnosis has been made

  
  

Is the pet booked in for treatment?

Yes  No

If Yes, please give the date

To your knowledge has the pet been seen before for:

This illness or injury

Yes  No

Any similar or related illness or injury

Yes  No

Any similar or related clinical signs

Yes  No

If Yes, to any of the above, please provide the history and dates.

Please provide any further details on an additional sheet

Date

Date

## 5. Vet to complete

### General information

Please provide the details of the primary veterinary practice

Name

Address

Postcode

Telephone no.

Email

If No, please provide the name and address of the practice where the treatment will be carried out.

Name

Address

Postcode

Telephone no.

Email

Will the treatment be carried out at the primary veterinary practice?

Yes  No

## 6. Vet to complete

### Attachments

#### You must enclose the following:

Full clinical history from the primary and referral veterinary practices

A description and breakdown of the estimated treatment costs

Referral letter, if you have one

**Without this information we will not be able to process this Pre-authorisation request and paperwork will be returned**

## 7. Vet to complete

### Declaration by the veterinary surgeon

By signing this form I declare to the best of my knowledge that all the information I have given is correct and accurate and the fees I have charged are no more than the fees I normally charge all my clients.

Vet stamp

Veterinary surgeon's signature Date

Practice No

Email address

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