

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 you have cover in place for Theft or Straying or Advertising and Reward
- 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 vet or reporting officer 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 five 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 7914. 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.

Claim Form for Loss by Theft or Straying, Advertising and Reward

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

Policy Number

Policyholder Name

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address (Required to process claims payments)

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

A When did you first notice the pet was missing?
(A claim cannot be submitted until 90 days have elapsed)

Date Time :

Place

B Where and when was the pet last seen?

Date Time :

Place

C If the pet has been recovered, please state

Date Time :

Place

2. Policyholder to complete

About your pet

Your pet's name

Pet's Microchip no.

Pedigree name

Pet's Date of Birth

Dog Cat

Male Female

Breed

Which policy plan do you have?

Is your pet insured with any other company? Yes No

If Yes, please state which company

Where did you purchase your pet?

Date of purchase

Original purchase price: £ :

A Please advise circumstances of loss (continue overleaf if necessary)

B Please tell us the details of the police station the theft of your pet was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no (incl. STD)

Date reported

Police report number

C Please tell us the details of all the vet practices the loss of your pet was reported to: (continue overleaf if necessary)

Name

Address

Postcode

Telephone no (incl. STD)

Date reported

3. Policyholder to complete

Advertising and reward

A Are you claiming for advertising? Yes No

If Yes, please give full details

Please state amount

£		:	
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B Have you paid a reward? Yes No

If Yes, was the reward agreed in advance with Sainsbury's Bank? Yes No

If Yes, please state amount

£		:	
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Please attach written confirmation from the person who received the reward.

4. Policyholder to complete

Documentation

Documents required in support of this claim: **if you are claiming for the purchase price of your pet, please include only original documents** please tick if enclosed

Purchase receipt

Pedigree certificate

Kennel Club/G.C.C.F registration

Any other relevant documents

Receipts to support advertising expenses (If applicable)

Receipts, including name, address and telephone number of recipient, to support a claim for reward (If applicable)

Written confirmation of loss by the police (for dog) or by a vet (for cat). If written confirmation cannot be provided an official police/vet stamp and other information requested will be required in SECTION 6 below

N.B. In cases where a missing pet is recovered subsequent to payment of a claim the claimant agrees to reimburse Sainsbury's Bank the full amount received in respect of their claim.

Please circle the number of documents enclosed including this form

1 2 3 4 5 6 7 8

If unable to send any of these documents please offer explanation on a separate sheet of paper.

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.

N.B. In cases where a missing pet is recovered subsequent to payment of a claim the claimant agrees to reimburse Sainsbury's Bank the full amount received in respect of their claim.

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.

Signature

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Print name

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Date

D	D	M	M	Y	Y
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6. Reporting officer/vet to complete

Declaration

Please ensure this section is completed and stamped

Date reported

D	D	M	M	Y	Y
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Police registration no (if applicable)

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I confirm that the loss of the above pet has been reported

Signature of reporting officer or vet

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Date

D	D	M	M	Y	Y
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Practice stamp (if applicable)

To ensure this claim is dealt with quickly please note your Practice number here.

Practice no

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Circumstances of loss (continued)

Police/vet practices contacted (continued)

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