

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 Trip Cancellation
- 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 completes and signs section 2
- You provide cancellation invoices from your travel agent, tour operator or other holiday sales organisation. The invoices must show the dates and total cost of your holiday, the date you decided to cancel or return home and any expenses that you cannot recover
- 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 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.

Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX

Claim Form for Trip Cancellation

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. This section must be completed by the policyholder

Policy Number

Policyholder's Name

Home Address

Postcode

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

Home Tel Number

Email Address (Required for electronic payment)

What was the reason for your trip? Business Holiday

Pet's Name

Species (Dog/Cat) Dog Cat

Breed

Microchip Number

Pet's Date of Birth

Pet's Gender Male Female

Is your pet insured with another company? Yes No

If Yes, please state which company

About your holiday

Holiday dates to

Date booked

Destination

Reason for cancellation

Documents required to support claim. Tick if attached, if not attached please explain why on a separate piece of paper.

Booking invoice Cancellation invoice Receipts

Travel and accommodation expenses claimed

A. Amount claimed £ -

B. Amount claimed £ -

C. Amount claimed £ -

Total amount claimed in figures £ -

Payee details

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. 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

2. Vet to complete

Details of treatment

Practice Number

Condition

Date of onset

Treatment carried out

Date of treatment

signature

Date

Date client was advised of treatment required

Was it emergency life saving treatment? Yes No

Practice stamp

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

