

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 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)
- You provide an itemised invoice, or receipt, for the treatment you are claiming for
- 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 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 Checklist

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

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.

For a new condition have you fully completed sections 1 to 3?

For a continuation claim have you completed the shaded boxes only?

If your pet has passed away have you completed section 4 and included the **purchase receipt** and pedigree certificate?

Have you completed and signed the payee details box?

Has your vet fully completed sections 5 to 7?

Has your vet signed and stamped the form?

Have you attached a fully itemised invoice to show the costs of your pet's treatment, drugs and procedure?

Have you attached a full clinical history for all new claims?

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

Please complete using a black pen and block capitals.

If you are submitting a continuation claim, only complete the shaded boxes marked with a **C**

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>

Vet Fees Claim Form

1. Policyholder to complete

About you and your pet

Policy Number

 C

Policyholder's Name

 C

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address

(Required to process claims payments)

Pet's Name

 C

Species (Dog/Cat)

Dog

Cat **C**

Breed

Date of Birth

Pet's Gender

Male

Female

Microchip Number

2. Policyholder to complete

Details of your pet's illness/injury

What illness, injury or behavioural disorder are you claiming the cost of treatment for?

Condition 1

 C

Condition 2
(If relevant)

 C

When did you first notice your pet was injured, unwell or acting strangely?

Condition 1

Condition 2
(If relevant)

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
Address

Post Code
Tel. No
Date last registered

Practice name
Address

Post Code
Tel. No
Date last registered

Practice name
Address

Post Code
Tel. No
Date last registered

Payee Details

Pay the vet direct

I/We have checked with the vet and would like this claim paid directly to them

Practice name

Pay policyholder(s)

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.

Signature

Print name

Date

4. Policyholder to complete

Purchase price or value of your pet

If you want to claim for the purchase price or value of your pet, please tell us the amount you originally paid and attach your **purchase receipt**. (If you do not have a **purchase receipt**, we will consider your claim in line with your policy wording)

Amount paid

£

Ask Your Vet To Complete These Three Sections

If you are submitting a continuation claim, only complete the shaded boxes marked with a **C**

5. Vet to complete

General information

When was this pet first registered at your practice?

If this pet has been referred please give the name, address and telephone number of the practice which referred it

Name

Address

Telephone no

In connection with treatment claimed did you:

Make a **house visit?** Yes No

Or provide **out of hours treatment?** Yes No

If Yes, why was the house visit/out of hours treatment necessary?

If treatment includes prescription food please state the condition the food was prescribed for and the cost of the food.

Condition

Cost £

Is any part of this claim for **dental treatment?** Yes No

If Yes, you must enclose a full clinical history over the last 2 years. If this is not attached this will delay the client's claim.

Is any part of this claim for treatment of a **urinary problem?** Yes No

If Yes, were crystals/stones present? Yes No

If Yes, are the crystals/stones Oxalate? Struvite? Other?

If other, please specify

Please give dates of:

1st positive test for crystals Date

1st negative test for crystals Date

6. Vet to complete

About the illness or injury

Condition 1

What is the illness or injury and the area of the body affected or the behavioural disorder? **C**

Is this condition a continuation? Yes No

Treatment: to

Did death or euthanasia result from this illness or injury? Yes No

Date of death

If the pet was put to sleep, did you recommend this? Yes No

How long before you first saw the pet for this illness or injury did the owner say the pet was showing clinical signs?

Date Number of days

To your knowledge has this pet been seen before for:

This illness or injury? Yes No

Any similar or related illness or injury or behavioural disorder? Yes No

Any similar or related clinical sign(s) or any related clinical signs anywhere in or on it's body before? Yes No

If Yes, please provide the history with dates

Date

Date

Total amount claimed (inc VAT) £ - **C**

Please enclose full invoices to support this claim

6. Vet to complete

About the illness or injury

Condition 2 (If relevant)

What is the illness or injury and the area of the body affected or the behavioural disorder? **C**

Is this condition a continuation? Yes No

Treatment: to

Did death or euthanasia result from this illness or injury? Yes No

Date of death

If the pet was put to sleep, did you recommend this? Yes No

How long before you first saw the pet for this illness or injury did the owner say the pet was showing clinical signs?

Date Number of days

To your knowledge has this pet been seen before for:

This illness or injury? Yes No

Any similar or related illness or injury or behavioural disorder? Yes No

Any similar or related clinical sign(s) or any related clinical signs anywhere in or on it's body before? Yes No

If Yes, please provide the history with dates

Date

Date

Total amount claimed (inc VAT) £ - **C**

Please enclose full invoices to support this claim

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.

Veterinary surgeon's signature Date

Practice No

Email address

Vet stamp

Please attach a full clinical history if this is the first claim submitted for this pet.

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