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# PetInsure Claim Form



(For Office Use Only) Claim No: \_\_\_\_\_

## POLICY OWNER DETAILS: (ALL FIELDS MUST BE COMPLETED)

<b>PART 1</b> <b>TO BE FILLED</b> <b>OUT BY</b> <b>POLICY HOLDER</b>	Policy No: PI _____	Policy Commencement Date: _____
	Your Name: _____	Pet Name: _____
	Your Address: _____	Pet Age: _____
	_____	Breed: _____
	_____	Dog _____ Cat _____ Rabbit _____
	Your Home Phone No: _____	Sex (Male / Female): _____
	Your Mobile Number: _____	Pedigree name if applicable _____
	Your Email: _____	_____
	Veterinary Surgeries you have registered with before _____	_____
	_____	_____

## HOW TO MAKE A CLAIM:

- Before your pet is treated you must make sure that the Veterinarian is prepared to provide us with the information or documentation we require to support the claim.
- Claims submitted without information or documentation to support the claim will not be eligible for reimbursement and may be returned to you.
- All original receipts to support costs must be provided.
- A copy of your pet's clinical history for the treatment claimed is to be attached to the claim.
- All receipts and clinical history documents are to show the date of visit and animal's name
- Please be sure to sign the declaration.

## VETERINARY DETAILS/DECLARATION: (to be completed by your Vet)

<b>PART 2</b> <b>TO BE FILLED</b> <b>OUT BY VET</b>	<u>CONDITION OR DIAGNOSIS</u>	<u>DATE</u>	<u>AMOUNT IN Euro €</u>
	<b>NOTICE TO VET</b> THIS PART MUST BE FILLED OUT WITH EACH AMOUNT YOU ARE CLAIMING FOR AS PART OF THIS CLAIM. THE TOTAL COLUMN MUST ADD UP TO THE INVOICES YOU HAVE ATTACHED TO THIS CLAIM. CLAIMS MISSING THIS DATA AND ATTACHED INVOICES CANNOT BE PROCESSED AND MAY BE RETURNED.	_____	_____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____
_____		_____	€ _____

TOTAL: € \_\_\_\_\_

PetInsure will make payments to the named policyholder. If you require us to pay your vet direct, then please tick this box and we will act accordingly.

Please Print the Vets Practice name Here: \_\_\_\_\_

## VETERINARIAN'S NOTES

Has this pet ever presented with these clinical signs or similar clinical signs previously? Yes  No

If Yes Please Explain.

\_\_\_\_\_

**VETERINARIAN'S NOTES (Continued)**

In your opinion, was this condition pre-existing at the commencement date of the policy? Yes  No

How long has this pet been a patient at your practice? \_\_\_\_\_ Years \_\_\_\_\_ Months

Did you make any house visits in connection with this claim? Yes  No

Were the house visits necessary? Yes  No

If hospitalisation was required, was it medically necessary? Yes  No

Check box if Pre-authorisation is required

**Practice Stamp**



**Signature of Vet:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CUSTOMER DETAILS/DECLARATION: (to be completed by the Insured)**

**PART 2  
TO BE FILLED  
OUT BY  
POLICY HOLDER**

How long have you owned your pet? \_\_\_\_\_ Years and \_\_\_\_\_ Months

What are you Claiming for? (Please Tick)

Veterinary Fees  Loss by theft or straying

Boarding Kennel Fees  Holiday Cancellation Costs

Pre-Authorisation  Third Party Liability

Death  (For Death claims please see below for payment details under **Claiming for Death (Important Information)**)

**Claiming for Death (Important Information)**

If you are claiming for Death of your pet you need to provide a proof of purchase in the form of a receipt. If you cannot provide proof of purchase we will calculate the market value according to the terms and conditions. Please instruct here how you would like to proceed.

Attached please find Proof of Purchase

I Cannot provide proof of purchase. Please use Market Value

Have you ever claimed on a pet insurance policy, either with us or with another company? Yes  No

Details of previous claims if Yes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLAIM FORM CHECKLIST YOU MUST ANSWER THESE QUESTIONS (PLEASE TICK)**

1. Have you fully completed ALL areas of the claim form? Failure to do this will delay the processing of your claim.
3. If your pet is a pedigree and you are claiming for Death, have you enclosed a death certificate from your vet?
4. Has your Veterinary Practice stamped this form?
5. Have you (The Policy holder named on the policy) signed the policy declaration at the end of this form?
6. Have you filled in all areas of this form, including your policy number? (An incomplete claim form will cause delays in processing/settling your claim.)
7. Have you provided all supporting documentation & receipts from your vet on your vets headed paper?
8. If this is your first claim have you provided FULL CLINICAL HISTORY from your current and previous vets? (We may ask for this information from you or your vets on subsequent claims.)
9. Is this clinical history clear and easy to read? Clinical history must be typed. We cannot accept hand written documents.

