Re: Pet Insurance Claim Form Download
Our Ref: Veterinary Fees

Thank you for downloading a claim form; please find attached a Veterinary fees claim form for your pet. Please fully complete and sign the claim form and attach the following information:

- ☐ Past 3 year's medical history for your pet (or the full history, if your pet is less than 3 years old)
- ☐ Full itemised invoices

Claim forms can be sent across to us by fax on 01423 532791, by email at petclaims@ncionline.co.uk or by the freepost address, which is detailed on your claim form.

Following the receipt of the above information, we will look to assess your claim as quickly as possible.

Please ensure that all your contact details are correctly completed on the claim form, so that we can keep you updated on your claim's progress.

If you have any additional queries regarding this claim, please don't hesitate to contact us by using the above email address or by telephone on 01423 535057.

Kind regards

Craig Lambert

Pet Claims Team Leader
On behalf of the Pet Claims Team
NCI Pet Insurance

This claim form should be completed and returned to:
Freepost RSLT-KHXJ-XELL, NCI Pet Insurance,
4th Floor, Victoria Avenue, Clarendon House,
Harrogate, HG1 1JD

Claim Form for Veterinary Fees and Complementary Treatment

POLICY NUMBER:

1A – POLICY HOLDER DETAILS (TO BE COMPLETED BY THE POLICYHOLDER)

Your Name:

Address:

Postcode:

Home phone no:

Mobile phone no:

E-mail address:

1B - DETAILS OF YOUR PET (TO BE COMPLETED BY THE POLICYHOLDER)

Your Pet's Name:

Dog ☐ Cat ☐ Rabbit ☐

Male ☐ Female ☐

Breed:

Date of Birth: / /

Date of purchase: / /

2 – DETAILS OF YOUR PET'S ILLNESS OR INJURY (TO BE COMPLETED BY THE POLICYHOLDER)

	ILLNESS/INJURY 1	ILLNESS/INJURY 2
Name of illness/ injury as advised by your vet		
Please provide the date you first noticed your pet was injured or unwell.	/ /	/ /

VETERINARY SURGERIES WHERE YOUR PET HAS BEEN REGISTERED BEFORE:

VET 1:	VET 2:
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Dates: to	Dates: to

3 – POLICYHOLDER DECLARATION

I declare to the best of my knowledge and belief, the information I have given is both true and complete.

I agree that NCI may seek any information it requires from any veterinary practice.

A – DIRECT TO YOU	B – DIRECT TO YOUR VET
Your name	Your name
Signature of Policy holder	Signature of Policy holder
Date: / /	Date: / /

4 – DETAILS OF THE CLAIM (TO BE COMPLETED BY THE VETERINARY PRACTICE)

	CLAIM 1	CLAIM 2
Continuation Claim: (Have you filled in a claim form for this illness or injury before?)	Yes ☐ No ☐	Yes ☐ No ☐
Name of the illness or injury: (If no diagnosis has been made please give clinical signs)		
When did this injury/ illness begin:	/ /	/ /
Treatment dates:	to	to
Has the pet been treated for this illness/ injury or a similar/ related condition before? (If **yes** please provide a copy of the appropriate clinical history with dates etc.)	Yes ☐ No ☐	Yes ☐ No ☐
Were any preventative treatments e.g. Flea/ Wormers used as treatment? If **yes**, please give details:	Yes ☐ No ☐	Yes ☐ No ☐
In connection with the treatment claimed were you required to make a house visit or provide out of hours treatment?	Yes ☐ No ☐	Yes ☐ No ☐
If **yes**, please explain why the home visit/ out of hours treatment was necessary:		
Did the illness/ injury being claimed for result in the death or euthanasia of the pet?	Yes ☐ No ☐	Yes ☐ No ☐
Date of death:	/ /	/ /
If the pet was put to sleep was this recommended?	Yes ☐ No ☐	Yes ☐ No ☐
Total amount claimed (inclusive of VAT)	£	£

*****FOR ALL NEW CLAIMS PLEASE INCLUDE 3 YEARS MEDICAL HISTORY*****

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

REFERRAL VETERINARY PRACTICE DETAILS

Name:
Address:
Postcode:
Telephone number:

Date pet first registered at your practice:

/ /

5 – VETERINARY DECLARATION (TO BE COMPLETED BY A REGISTERED VETERINARY PRACTITIONER/ NURSE)

I declare that all the information I have given on this claim form is correct to the best of my knowledge and belief.

Name:

Position within practice:

Signature: RVN/MRCVS

Date: / /

Vet stamp: