

Pet Insurance Claim Form

Section I - This section and section III are to be completed by the policy holder

Title:		
Surname:	First Name:	
Address:	Postcode:	Tel No:
Policy Number:	Cover Level:	
Start Date:	Policy dates:	
Pet Name:	Breed:	
Age of Pet:	Sex of Pet:	
Purchase Price of Pet (Kshs):	First Date of relevant illness/injury/condition:	

Please provide a brief description of illness/injury/condition

Is your pet currently covered by another insurance policy? Yes No

If yes, please give name of the insurer

Policy Number: Expiry date:

Has your pet been microchipped? Yes No If yes, please microchip number

***Please complete section III after section II has been completed by your veterinary surgeon**

Section II - To be completed by the veterinary surgeon

Age of pet:	How long have you been treating the animal?	
If this is a referral, please state name and address of practise that referres case		
Practise Name:		
Address:	Postcode:	Tel No:
Diagnosis:		
Treatment:		
Cost (inc VAT)		

Has the animal received treatment for any of the above, or related conditions before? Yes No

If yes, please please give details

Is this a continuation claim? Yes No

Has the pet died as a result of the illness/injury/condition stated above? Yes No

Declaration by veterinary surgeon

(Please include veterinary practise stamp and VAT number)

I certify to the best of my knowledge that all relevant information in Section II of this form is correct and, in my opinion, the condition treated was not present on the policy start date. I also confirm that, in my opinion, the fees charged are the normal amount relating to this matter.

Signed _____ Date _____

Print Name _____

****A full clinical history and itemized receipt or account must be enclosed.***

Declaration

1. I declare that all details provided herein represent a true and accurate statement of details pertaining to my claim and I have not omitted any details pertinent to the circumstances of this claim.
2. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with, my vet in order for my claim(s) to be administered.
3. I declare that where a claim involves a potential refund from other insurers or a third party, I hereby authorize them to remit any refund to my insurer.
4. I understand that, in the event this claim is found to be fraudulent, in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Signed _____ Date _____