

CLAIM FORM - VALUE, STANDARD AND SUPER COVER

Please return to Petpals Direct, Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD

www.petpalsdirect.co.uk - 0870 240 1913



POLICYHOLDER DETAILS

Policy Number

Policyholder's Name

Policyholder's Address and Postcode

Telephone Number

Email Address

POLICY DETAILS

Your Pet's Name

Pet Type

Dog

Cat

Gender

Male

Female

Breed

PLEASE ENSURE BOTH SIDES OF THIS CLAIM FORM ARE COMPLETED AND RETURNED WITH RELEVANT RECEIPTS

- Payment can be made directly to you or your vet. The selected party should enter their bank details in the section below.
- Please complete section A and then pass to your vet to complete sections B, C and D.
- You must only complete section E (Policyholder Declaration), after the veterinary practice has completed sections B-D. Then return the claim form with receipts to: Petpals Direct, Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD.
- **Your completed claim form must be submitted to Petpals Direct within six months of any costs being incurred.**
- The excess applies annually to each illness or condition treated during the Period of Insurance as shown above.
- In addition to the excess you may also be required to pay a percentage contribution to the cost of treatment as shown above.
- This claim form is only valid for the Period of Insurance as stated above.
- Payments for treatments received after the current Period of Insurance shown above will be paid as separate claims under your renewal policy.
- If you are claiming for the death benefit, please include a receipt for the purchase price and a pedigree certificate if applicable.
- Please refer to your policy Terms & Conditions for details of your cover.
- Should you receive payment from ourselves for a course of treatment that remains unused and is refunded to you, you would be expected to return this part of the settlement to us.

PAYMENT DETAILS

We will pay your claim direct to you or your vet's bank account as selected below, and will notify you in writing when payment has occurred. Please complete one of the following payment options below:

To you - please enter bank details here

Name of account holder

Account number

Branch sort code

To your Veterinary Surgeon - please enter bank details here

Name of account holder

Account number

Branch sort code

A. TO BE COMPLETED BY THE POLICYHOLDER

When was the first time you noticed any signs of your pet's illness? Date (ddmmyy)

If your pet has been injured please explain the circumstances? Please continue on a separate sheet if necessary

Please send me another claim form

The issue of this form does not constitute a liability of insurance on behalf of the company. Petpals Direct is administered by Pet Protect Limited. Pet Protect Limited is registered in England and Wales No. 1774371.

QBE Insurance (Europe) Limited (registered in England number 1761561) underwrites all Pet Protect policies. Pet Protect registered office: Furness House, 53 Brighton Road, Redhill, Surrey RH1 6RD. Pet Protect Limited (Firm reference number 311794) and QBE Insurance (Europe) Limited (Firm reference number 202842) are authorised and regulated by the Financial Services Authority. This can be checked by visiting the FSA's website at www.fsa.gov.uk/register or by telephoning the FSA on 0845 606 1234. Terms and Conditions apply. Calls may be monitored and/or recorded.

SECTIONS B - D TO BE COMPLETED BY THE VETERINARY PRACTICE

IMPORTANT INFORMATION FOR VETS: Under the FSA's rules and guidance Veterinary Practices are allowed to complete sections B, C, and D below by way of providing information to the policyholder to enable them to complete their claim. It is the policyholder's responsibility to complete, sign and submit their claim forms. Ensure that the policyholder has not signed the form before it is brought to you.

- Please provide an itemised receipt showing the date and the cost of fees, if prescriptions are included please advise on quantity and type of drugs prescribed.
- If two or more conditions have been treated concurrently, please provide separate costs for each.
- If payment is to be made direct to the Veterinary Practice please also complete the payment details section (overleaf).

B. TREATMENT INFORMATION

	CLAIM 1	CLAIM 2
1. Diagnosis/Details of treatment		
2. Technique or operation used		
3. Total cost incl VAT	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Treatment Dates (ddmmyy)	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Is this a continuation of a previous claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes complete question 10 and section D only</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes complete question 10 and section D only</i>
6. Date pet first registered	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Date signs first noticed by owner as far as you are aware	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Has the pet been treated for this condition before	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Approx cost £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Approx cost £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Is there likely to be ongoing treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. If house calls were made, was this because it was life threatening to the pet to move it?	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> cost £ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C. IN THE EVENT OF DEATH

1. Date of death 2. Cause of death

3. If euthanasia please indicate why necessary

4. Were any charges made for cremation or burial? Yes No If so, how much? £

D. VETERINARY DECLARATION

I certify that the details above are accurate, complete, reasonable and customary and are the usual fees charged by this practice.

Signature of Veterinary Surgeon/Authorised Practice Personnel

Print Name

Date (ddmmyy)

PRACTICE STAMP

E. POLICYHOLDER DECLARATION

I declare that my veterinary surgeon recommended the treatment for which I am claiming. The veterinary practice has completed section B-D and the particulars given are correct to the best of my knowledge and belief. I agree that my veterinary surgeon may provide any information that the company may require to verify my claim.

Signed (policyholder) Date

For office use only	Date (ddmmyy)	Apprd. by	PRYR Loss Code	Amount PD
P1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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