

How to complete this form

Note: Please only use this form if your pet has received treatment for a continuing illness/injury; if you're claiming for a new illness/injury you must complete a 'first claim', claim form.

Please fully complete sections one to three, sign and date the declaration, then ask your vet to complete the remaining sections of this form and return the form to the address below with the required documents or email them to claims@petadminteam.com.

Failure to answer all the questions and/or enclose the relevant documents may delay the assessment of your claim.

Please refer to the important notes below.

Covea Insurance plc is a data controller in respect of any data we process in relation to the underwriting and handling of claims under your policy. Full details of how we will process data and your data protection rights is available at: www.coveainsurance.co.uk/dataprotection.

You can contact our Data Protection Officer at Covea Insurance plc by email at dataprotection@coveainsurance.co.uk

1. Policyholder Details	2. Pets Details
Policy Number:	Pet Name:
Policy Start Date:	Breed:
Policyholder's Name:	Description:
Address:	Date of Birth:
	Sex:
	Neutered: Yes No
Home Telephone No:	Purchase Date:
Mobile Telephone No:	Microchip Number:
Email Address:	Date of Last Vaccination:

3. Policyholder to complete – Your preferred payment option and Declaration

Payment will be made directly into a bank account (or to your Vet with their agreement); please enter the account details below.

To You

Name of Account

Account Number

Sort Code

 -

To Your Vet

Name of Account

Account Number

Sort Code

 -

After your vet has completed the sections overleaf, please carefully read this declaration and sign below.

I declare that the information I have provided on this form is correct. I declare that, to the best of my knowledge, my pet has been treated as recommended by my veterinary surgeon, and I am satisfied that the information supplied in sections four to six is correct. I confirm that my veterinary surgeon and any previous veterinary practices where my pet has been examined may provide any information to Covea Insurance that is required to assess my claim. I understand that if any part of this claim is found to be fraudulent, the claim will not be paid, my policy will be invalidated, and the appropriate authorities may be informed.

Signature:

Print Name:

Date:

Policyholder - Important Notes - Please ensure that the following documents are included with your claim

- A referral report, (where applicable), if your pet has been referred for specialist treatment.
- For a claim under the death section of cover, please enclose the purchase receipt and, where applicable, a copy of your pet's pedigree certificate.
- Please refer to your schedule of insurance and policy terms and conditions for details of what is and isn't covered. We recommend that you keep a copy of this form for your reference.

Please return your completed form and additional documents to Email: claims@petadminteam.com.

If you'd prefer, you can return this form with the required documentation to: **FREEPOST PETADMIN**
IMPORTANT: for prompt delivery, just use the above, do not add a postcode.

Tel: 0330 024 2606

This side is to be completed by the veterinary surgeon

Important Notes - Please only use this form if the pet has received treatment for a **continuing** illness/injury. The policyholder should complete and return this form after you have answered the questions in sections Four to Six below.

- Please fully answer all questions and attach documents as requested.
- Include itemised receipts or invoices, and the clinical notes for the treatment dates.

- Show the separate costs if more than one illness/injury has been treated.
- For direct payment to the practice please provide the practice account details on the front of this form.

4A. Details of treatment

1 Is this a continuation of a previous claim? Yes No

If **no**, a 'first claim' form **must** be completed. If **yes**, please state the treatment dates claimed for on the last claim submitted:

From: To:

2 Diagnosis or clinical symptoms (where possible please provide a diagnosis)

3 Treatment Dates:

From: To:

4 Has this pet been referred to you? Yes No

If **yes**, please attach a copy of your report and state the name, address and telephone number of the referring practice.

5 Was the pet treated out of hours? Yes No

If **yes**, please advise why an out of hours appointment was necessary:

6 If a house visit was made please state the reason for this. Would moving the pet have seriously endangered its life?

7 Does the claim include any alternative medicine or complementary treatment? Yes No

Total cost (Inc VAT)

Recommended by:

Type:

Dates:

Total claimed (Inc VAT)

4B. Details of treatment

1 Is this a continuation of a previous claim? Yes No

If **no**, a 'first claim' form **must** be completed. If **yes**, please state the treatment dates claimed for on the last claim submitted:

From: To:

2 Diagnosis or clinical symptoms (where possible please provide a diagnosis)

3 Treatment Dates:

From: To:

4 Has this pet been referred to you? Yes No

If **yes**, please attach a copy of your report and state the name, address and telephone number of the referring practice.

5 Was the pet treated out of hours? Yes No

If **yes**, please advise why an out of hours appointment was necessary:

6 If a house visit was made please state the reason for this. Would moving the pet have seriously endangered its life?

7 Does the claim include any alternative medicine or complementary treatment? Yes No

Total cost (Inc VAT)

Recommended by:

Type:

Dates:

Total claimed (Inc VAT)

5. Death of pet

Date: If euthanasia was necessary, please advise the cost of the fee **Total (Inc VAT)**

Were any charges made for the cremation or burial? Yes No **Total (Inc VAT)**

6. Veterinary Declaration

I certify that, to the best of my knowledge, the details I have provided on this claim form are full and correct. The fees claimed are for treatment of the insured pet, as named and described on the front of this form and are this practice's usual fees. If a discount has been applied to the fees, I confirm that this has also been deducted from the total claimed on this form.

Signature:

Print Name:

Date:

Practice Stamp: