

CLAIM FORM

PLEASE FAX YOUR COMPLETED FORM TO US ON 0330 102 5753 OR EMAIL claims@pet.ageas.co.uk OR POST TO AGEAS PET INSURANCE, THE CONNECT CENTRE, KINGSTON CRESCENT, PORTSMOUTH, PO2 8QL

Section 1 – This section to be completed by the insured			Policy Numb	Policy Number:	
Title:		Cover in	force:		
Surnam	e:	Inception	date:		
Forenan	ne:	Policy da	tes:	to	
Home		Pet name	:		
address	:	Breed:			
		Pet type:		Sex of pet:	
		Age of pe	it: P	urchase price:	
		Date pet a	acquired:		
Postcod	e:		of illness / condition:		
Telepho	ne:	Microchip	o number		
Email ac	ldress:	(if applicable):		
Please p	rovide a brief description of illnes	s/injury/condition:			
ls vour p	et currently covered by any other	insurance policy? If ve	s please specify below.		
Name of		Policy number:		Expiry date:	
Has your	pet been registered with any oth	ner vet? If ves inlease n	rovide contact details:		
Paymen	t instructions:				
Should w	e make the payment direct to the		YES/NO		
Where ins	tructions are unclear, payment will be	made to you.		Delete as appropriate	
	to you will be made by BACS (Banke ount is in your own name or you are		rvices) if you pay for your polic	y by Direct Debit and the	
	not pay for your policy by monthly Di		Account holder name		
would like your claim payment to be settled straight into your bank account by BACS (Bankers Automated Clearing Services) please			Sort code		
	e details here.	ng Services) please	Account number		
If we pay y	our claim by BACS a confirmation email	will be sent once processed. I	f we do not hold your email addres	s it will be sent by post.	
Declaratio	n:				
any details place. 2. I declare	that all details provided herein represen pertinent to the circumstances of the cla that where a claim involves a potential r	im. I can also confirm that this	claim form has been signed and o	lated after the treatment has taken	
administer	tand and agree that information relevant ed. tand that in the event that this claim is for		· · ·		
prosecution		1			
Signed		Name		Date	

* Must be after treatment date

ageas is a trading name of Ageas Retail Limited (Company Reg. No. 1324965). Registered in England and Wales. Registered office: Ageas House, Hampshire Corporate Park, Eastleigh, Hampshire, SO53 3YA. ageas pet insurance is arranged and administered by Ageas Retail Limited. Ageas Retail Limited is authorised and regulated by the Financial Conduct Authority, Financial Services Register No. 312468.



Section 2 – This	section to be completed by the Veterinary	Surgeon	
Age of pet:	How long have yo	bu been treating the animal?	
If this is a referral	, please advise of the practice name and addr	ess that referred the case:	
Date	Diagnosis 7	Treatment	Cost (inc VAT)
Has the animal re	eceived treatment for any of the above, or any	related conditions before?	YES/NO Delete as appropriate
If yes, please pro	vide details:		
Is this a continua	tion claim?		YES/NO
Do you consider t	this to be a hereditary/congenital condition?		Delete as appropriate YES/NO
If a home visit wa health?	as made, was it because moving the pet would	have endangered the pet's	Delete as appropriate YES/NO Delete as appropriate
Has the pet died a	as a result of the illness/injury mentioned abov	/e?	YES/NO Delete as appropriate
	ent is a direct settlement to be paid straight	Practice account name	
	bank account by BACS (Bankers Automated s) please provide the details here.	Sort code	
U U		Account number	
Declaration by	y Veterinary Surgeon:	Veterinary Practice Sta	mp and VAT No:
-	best of my knowledge all the information contained	veterinary Fractice Sta	
on this form is corr would not have be policy. I also confi	rect and that, in my opinion, the condition treated en present upon the date of the inception of the frm that, in my opinion, the fees charged are my es relating to this matter.		
Signed	Date	Practice email address	
Print name			

A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED FOR VETERINARY FEE CLAIMS

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HOW TO CLAIM - DOCUMENTS REQUIRED HELP SHEET

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Veterinary Fees	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.	
	A full clinical history from your Veterinary Surgeon.	
	An itemised invoice/receipt showing all the treatment carried out.	
Death Benefit	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.	
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	
Boarding Kennel/Cattery	Claim form fully completed and signed by you (the named policyholder).	
	Kennel or cattery invoice.	
	Letter from your GP or hospital confirming the dates you were hospitalised.	
Advertising & Reward	Claim form fully completed and signed by you (the named policyholder).	
	Searchers fee invoice if appointed.	
	Receipts for stationery used.	
	The finder of your pet detailing the reward you gave.	
Theft or Straying	Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.	
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	
	Name and telephone number of rescue centres or dog warden you have contacted.	
Transportation and Overnight	Claim form fully completed and signed by you (the named policyholder).	
Expenses	Accommodation invoice.	
	Fuel receipt.	
	Details of car make and model.	
	Details of distance travelled.	
Holiday Cancellation	Claim form fully completed and signed by you (the named policyholder).	
	Travel operator (or similar) confirmation letter of cancellation and costs charged.	
Overseas Travel	Claim form fully completed and signed by you (the named policyholder) & the treating Veterinary Surgeon.	
	A full clinical history from your Veterinary Surgeon.	
	An itemised invoice/receipt showing all the treatment carried out.	
Liability, Accidental Damage	You will need to complete a Liability Claim form, please contact us to obtain a copy.	

Important: Please refer to your policy terms and conditions and exclusions which shows the level of cover you have in place for your pet and what benefits are available to you. Not all of the benefits listed here are claimable on certain policies.

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