

# VET FEES CLAIM FORM

helpucover.co.uk

Pinnacle House, A1 Barnet Way, Borehamwood, Hertfordshire WD6 2XX

## Policyholder Details

Name:

Address:

Policy Number

What is your Occupation?

Email Address

Mobile Number

In order to give you the best possible service, we may use your mobile number and/or e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes, or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please tick the relevant box: SMS Text ☐ Email ☐

## Pet Details

Name of Pet:

Type of Pet: ☐ Dog ☐ Cat ☐ Rabbit

Breed of Pet:

Date of Birth:  /  /

Sex ☐ Male ☐ Female

Please see your certificate of insurance for details of the applicable excess per period of cover.

**Important:** PLEASE BE AWARE THAT ANY CALLS YOU MAKE TO US MAY BE RECORDED FOR TRAINING AND MONITORING PURPOSES



If you have any questions about your claim or in completing this claim form please call: **0344 543 1067**

## 1 About Your Pet

TO BE COMPLETED BY THE POLICYHOLDER

When were you first aware of the symptoms/condition/injury?  DD /  MM /  YY  HH :  MM

When did you acquire your pet?  /  /

Has the above animal been registered with any other veterinary practice? ☐ Yes ☐ No

(If YES, please provide the practice name and address and any previous names or addresses/surnames your pet was registered under)

Practice Name:   
Town:  Postcode:   
Tel No:   
Date Registered:  Pet Name:

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Town:  Postcode:   
Tel No:   
Date Registered:  Pet Name:

## 2 Claim Payment Declaration & Authority

TO BE COMPLETED BY THE POLICYHOLDER

- I declare that my Veterinary Surgeon recommended the treatment for which the benefit is claimed and that the statements I have made are true. I agree that if they are found to be untrue, I will lose all my rights under the policy.
- I agree that my Veterinary Surgeon may provide any information the Company may require regarding past medical history, and the nature of the condition and its treatment and that you make payment as indicated below.

- I also authorise you to discuss my claim with the practice, referral vet or any specialist who provided treatment or services for my pet.
- I understand that my personal information will be held on a computer for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

**PLEASE NOTE: WE ARE NO LONGER ABLE TO MAKE PAYMENT BY CHEQUE**  
Please select only **ONE** of the following payment options and provide the relevant bank details

### ☐ Pay YOU Directly

Select this option if you would like to the payment to be made to yourself. We will pay your claim directly into the bank account from which your premiums are collected, unless you provide an alternative account belonging to you in the section below:

### ☐ Pay YOUR VET Directly

Select this option if your Veterinary Practice is happy for your claim to be paid directly to them. If you select this option, please request that your vet fills in the payment section below and completes the declaration in Section 6.

Name of Account Holder(s)

Name of Bank/Building Society

Account Number

Sort Code

-  -

Signed  
(Policyholder)

Print Name

PRINT YOUR NAME

Date

/  /

## Checklist

Before filling in this form, please read your Policy and Certificate of Insurance to check that you are covered, and for details of any excess that may apply to your claim.

- ☐ Check that all details above are correct. Please amend where appropriate
- ☐ Please ensure the form is signed by both you and your Vet
- ☐ Please ensure the form is stamped by your Vet
- ☐ Please ensure your Vet has attached a full clinical history
- ☐ Please ensure your Vet has attached a fully itemised invoice to show the cost of your pets treatment, drugs and procedure
- ☐ Before posting, check that you agree with ALL the information provided by your veterinary practice
- ☐ Consider keeping a copy of all documents for your own records

