



Pet Manager

petGuard Pet Insurance

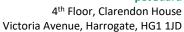
4th Floor, Clarendon House Victoria Avenue, Harrogate, HG1 1JD

Tel: 01423 447 365

Email: petGuardClaims@ncionline.co.uk

| Thank you for requesting a claim form. | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| To help us process your claim as quickly as possible, please complete the first page of the claim form in full and ask your vet or therapist to complete the second page. Please also send us the following information: | | | | | | | | |
| Your pet's full medical history | | | | | | | | |
| Fully itemised invoices | | | | | | | | |
| Referral report (if applicable) | | | | | | | | |
| If your claim includes complementary or behavioural treatment: | | | | | | | | |
| Confirmation from your vet that they have recommended the treatment | | | | | | | | |
| You can send us your claim form by email at <pre>petGuardClaims@ncionline.co.uk</pre> , or by post to petGuard Pet Insurance, 4th Floor, Clarendon House, Victoria Avenue, Harrogate, HG1 1JD. For ease these addresses are on the top of the claim form. | | | | | | | | |
| We aim to process all claims as soon as possible after receiving your completed claim form and supporting information. If we need anything further, we will contact you. We may contact you by phone, letter, text or email about this claim or your policy, using the details you provide on this form. | | | | | | | | |
| Once your claim has been processed, we will tell you how much will be paid and if there have been any deductions. These may include your excess, costs not covered or any amount over your cover limit. If we are unable to consider any part of your claim, we will explain why. | | | | | | | | |
| If you have any questions or need help filling out the claim form, please email us at <pre>petGuardClaims@ncionline.co.uk</pre> or call us on <pre>01423</pre> 447 365. | | | | | | | | |
| In what capacity will we act? We will act as your agent when sourcing a policy and act as the agent of the insurer when we handle any claim you make. | | | | | | | | |
| If you do not wish for us to act as the agent of the insurer in assisting with the claim, please let us know and we shall immediately pass your claim to the insurer. | | | | | | | | |
| Kind regards | | | | | | | | |
| Craig Lambert | | | | | | | | |

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Tel: 01423 447 365 Email: petGuardClaims@ncionline.co.uk

| Claim Form for Veterinary Fees | | | Policy number: | | | | | | |
|---|--------------------------------|----------------------|--|----------------------|---|--|--|--|--|
| | | | Claim ref: | | | | | | |
| 1a – Policyholder de | tails (to be complete | ed by the customer) | 1b – Details of your pet (to be completed by the customer) | | | | | | |
| Name | | | Name | | | | | | |
| Address | | | Pet type | | | | | | |
| | | | Breed | | | | | | |
| | | | Date of birth | D D M M Y | Υ | | | | |
| Home phone no. | | | Date of purchase | D D M M Y | Υ | | | | |
| Mobile phone no. | | | Preferred contact | Mobile Home phone | 司 | | | | |
| Email address | | | method | Email Post | | | | | |
| 2 – Details of your pet's condition (to be completed by the customer) | | | | | | | | | |
| Condition 1 | | | | Condition 2 | | | | | |
| Name of condition as advised by your vet | | | | | | | | | |
| Date you first noticed your pet was injured or unwell | | D D M M Y Y | | D D M M Y Y | | | | | |
| Veterinary surgeries w | here your pet has bee | registered before: | | | | | | | |
| Practice name | | Practice name | | Practice name | | | | | |
| Address | | Address | | Address | | | | | |
| | | | | | | | | | |
| Postcode | | Postcode | | Postcode | | | | | |
| Tel. no | | Tel. no | | Tel. no | | | | | |
| Date last registered | | Date last registered | | Date last registered | | | | | |
| 3 – Customer declaration | | | | | | | | | |
| I declare to the best of my knowledge and belief, the information I have given true and complete. I agree that petGuard may seek any information it requires from any veterinary practice. | | | | | | | | | |
| Please tick one box: | Pay claim to me (policyholder) | | | | | | | | |
| Print name | | Signature | | <u> </u> | | | | | |
| | | | | Date D D M M Y | Υ | | | | |

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| 4 – Detail of the claim | (to be completed | by the veterinary p | oractice) | | | | |
|--|----------------------|-----------------------|---------------------------|-------------------|-----------|--|--|
| | | Claim 1 | | Claim 2 | | | |
| Name of the illness/inju (If no diagnosis has been detail clinical signs) | | | | | | | |
| Continuation claim (Have you previously confor this condition?) | npleted a claim | Yes | No | Ye | s No | | |
| When did this condition | begin? | D D | M M Y Y | D | D M M Y Y | | |
| Has the pet been treated condition or a similar/rebefore? (If yes, please provide a cappropriate clinical history) | elated condition | Yes | No | Ye | s No | | |
| Were any preventative t flea/worming) used as t | | Yes | No | Ye | s No | | |
| If yes, please give details | | | | | | | |
| Were you required to m or provide out of hours | | Yes | No | Ye | s No | | |
| If yes, please explain why necessary. | y this was | | | | | | |
| Did the condition being in the death or euthanas | | Yes | No | Ye: | s No | | |
| Date of death | | D D | M M Y Y | D | D M M Y Y | | |
| If the pet was put to slee medically recommended | | Yes | No | Ye | s No | | |
| Total amount claimed (inclusive of VAT) £ | | | | | | | |
| | *** For all n | ew claims please in | clude the pet's full me | dical history *** | | | |
| If the pet has been referred, please provide the details of the practice that referred the pet. | | Practice name | | Tel. no. | | | |
| | | Address | | Email | | | |
| | | | | | | | |
| | | Postcode | | | | | |
| 5 – Veterinary practic | e declaration (to b | e completed by vet | terinary practice) | | | | |
| I declare that all the info | rmation I have given | on this claim form is | correct to the best of my | knowledge and bel | ief. | | |
| Print name | | | Vet practice stamp | | | | |
| Position in practice | | | | | | | |
| Signature | | | Account name | | | | |
| Date | D D | M M Y Y | Sort code | | | | |
| Date pet first registered at this practice | D D | M M Y Y | Account number | | | | |

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