

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

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

- 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.
- Before posting, check that you agree with **ALL** the information provided by your veterinary practice.
- Please attach receipts for any prescriptions.
- Ensure that all claims are supported by a fully itemised account and return to Cardif Pinnacle as soon as possible, to the above address.

If you have any questions about your claim or in completing this claim form, please call:

0330 123 3502



1 Claim Details TO BE COMPLETED BY THE POLICYHOLDER

Email Address

Mobile Telephone Number

Date that you first noticed symptoms of condition relating to this claim. / /

When did you acquire your pet? / /

Has the above animal been registered with any other veterinary practices? Yes No
(If YES, please provide the practice name and address and any previous names your pet was registered under)

Has your pet been insured with another insurer? Yes No
(If YES, please provide the policy number, name and address of the other insurer and the period of cover)

2 Claim Payment Declaration & Authority TO BE COMPLETED BY THE POLICYHOLDER

By signing one of the payment options below:

- 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 also 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 select only **ONE** of the following payment options and provide the relevant bank details:

A) Pay you directly (Policyholder)

Select this option if you would like the payment made to yourself.
Important: We will pay your claim into the bank account from which your premiums are collected (a cheque will be issued if there is no bank account available). This is unless you ask us to use an alternative account belonging to you.

Signed (Policyholder)

Print Name

Date / /

Name of Bank/Building Society:

Name of Account Holder(s)

Sort Code: - -

Account Number:

OR

B) Pay vet directly

Select this option if your Vet is happy for your claim to be paid directly to them.
Provide name of veterinary practice here:

Name:

Signed (Policyholder)

Print Name

Date / /

Name of Bank/Building Society:

Name of Account Holder(s)

Sort Code: - -

Account Number:

THIS PAGE IS TO BE COMPLETED ONLY BY THE VETERINARY PRACTICE

3 General Information TO BE COMPLETED BY THE VETERINARY PRACTICE

| | | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Date pet first registered with practice | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| Pet's Current Weight | KGS | Do you consider the pet to be overweight? <input type="radio"/> Yes <input type="radio"/> No |
| Pet's Ideal Weight | KGS | If YES , please state if there is a medical reason for the pet being overweight <input style="width: 100%; height: 20px;" type="text"/> |

4 About the condition, illness or injury TO BE COMPLETED BY THE VETERINARY PRACTICE

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| Name of illness or injury | <input style="width: 100%; height: 100%;" type="text"/> | |
| Treatment Dates | From <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | To <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Date symptoms first noted by owner | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| When did the illness or injury begin? | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| To your knowledge has this pet previously been seen for: | TOTAL AMOUNT OF CLAIM (including VAT) | |
| (a) this illness or injury? <input type="radio"/> Yes <input type="radio"/> No | £ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| (b) any similar or related illness or injury? <input type="radio"/> Yes <input type="radio"/> No | If you are submitting a new claim for a new condition, please provide a copy of the pets full clinical history. | |
| (c) any similar or related clinical signs? <input type="radio"/> Yes <input type="radio"/> No | | |
| Is the claim for a dental or related condition? <input type="radio"/> Yes <input type="radio"/> No | Please submit a full clinical history for all dental claims | |
| If YES , is this dental treatment a result of an accident? <input type="radio"/> Yes <input type="radio"/> No | | |

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| | HOUSE CALLS | OUT OF HOURS | |
| | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| Did the above costs include charges for house calls or out of hours treatment? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | If YES , what was the cost? £ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| Were house calls or out of hours treatment essential for the animal's health? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| Are any of the costs for prescription dietary foods? | <input type="radio"/> Yes <input type="radio"/> No | If YES , what was the cost? £ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| Please state the name of the diet food given | <input style="width: 100%; height: 100%;" type="text"/> | | |

5 Claim for Death TO BE COMPLETED BY THE VETERINARY PRACTICE

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| Did death or euthanasia result from illness or injury? <input type="radio"/> Yes <input type="radio"/> No | Please state cause of death | |
| Date of death <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | |
| If the pet was put to sleep, did you recommend this? <input type="radio"/> Yes <input type="radio"/> No | | |
| Was there a charge for cremation or burial? <input type="radio"/> Yes <input type="radio"/> No | If YES , what was the cost? £ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |

6 Declaration TO BE COMPLETED BY THE VET OR THE PERSON AUTHORISED BY THE VET TO COMPLETE AND SIGN

I confirm that the information I have provided is a true and accurate reflection of the treatment given and that the fees charged are no higher than the normal practice fees. I also confirm that the treatment given was appropriate and reasonable for the pets condition.

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| Name (CAPITAL LETTERS) | <input style="width: 100%; height: 20px;" type="text"/> | Practice Stamp (if stamp not available, please attached a SIGNED compliment slip) VETERINARY PRACTICE NAME AND ADDRESS EVIDENCE OF STAMP OR COMPLIMENT SLIP MUST BE PROVIDED TO VALIDATE THE CLAIM COMPLIMENT SLIP <u>MUST BE SIGNED</u> |
| Signature | <input style="width: 100%; height: 100%;" type="text"/> | |
| Date | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | |
| Practice telephone number | <input style="width: 100%; height: 20px;" type="text"/> | |
| Practice Email Address | <input style="width: 100%; height: 100%;" type="text"/> | |