

Ongoing Vet Treatment Claim Form

Claims Helpline: 0345 078 3860

To be completed and returned to: **Tesco Pet Insurance, Freepost RSJG-ZJTB-GAGH, PO Box 15770, Birmingham, B22RB** or for a quicker way of submitting your claim to us please email a scanned copy to **tesco.petclaims@uk.rsagroup.com**

A. About you (The Policyholder)

If your name or address has changed, please tick

Your name, address and postcode:

Policy number

If you provide us with your mobile number and email address, we can let you know we have received your claim form.

Mobile/

Phone number

Email

Please note that this claim form is for ONGOING VET FEE CLAIMS only. If your claim is for a new condition please visit our website www.tescobank.com, select Insurance, select Pet Insurance and from the left hand menu, choose 'Making a claim' then click the link to download a claim form.

You and your vet must sign the form if your claim is for an ongoing condition that is not medication only.

Claims for ongoing medication only – If you are claiming for medication only, it is not necessary for your veterinary surgeon to complete Section E.

B. About your pet

Your pet's name:

C. About your pet's condition (must be completed by the policyholder)

Condition 1

Name of condition as advised by your vet.

Condition 2

Please provide the treatment dates for this claim.

From

To

From

To

Please advise the cost of treatment incl. VAT, if known

£

£

D. Your signature and who to pay. Please complete boxes a. b. & c. to tell us who to pay

I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that Tesco Bank Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to Tesco Bank Pet Insurance in connection with managing and handling claims.

a. Who would you like us to pay	b. How would you like to be paid	c. Your signature
<input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder <input type="checkbox"/> Vet/Organisation <input type="checkbox"/> Someone else, named below: Payee name _____	<input type="checkbox"/> BACS – IMPORTANT: For Policyholders paying by direct debit ONLY. We will pay any settlement due directly into the account within 3-5 working days. <input type="checkbox"/> Cheque – For joint policy holder, vet, third party or to opt out of BACS payment.	<input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder Signature: Date

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. BACS (Bankers Automated Clearing System) payment option is only available if payment is to be made to the policyholder and if you pay your premium by direct debit.

E. The attending vet or a person authorised by the vet must fill in and sign this section only if the claim contains treatment costs that are not for medication

<p>I declare, to the best of my knowledge and belief, that all information provided in this claim form is true and complete. The fees I have charged are no more than the fees I would normally charge my clients.</p> <p>Printed name:</p> <p>Signature: _____ Date: _____</p>	Practice Stamp
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Please note that the Veterinary Surgeon does not have to be an appointed representative of Tesco Pet Insurance in order to fill in this section of the claim form for you because it is not a regulated activity under Financial Conduct Authority regulations.

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. This can be either an itemised computer printout or an itemised invoice which must state fees for consultations, prescription charges, hospitalisation, X-rays, tests/pathologies, general anaesthetic, surgery, medication and any other fees charged. The Veterinary Surgeon must apportion costs clearly for each illness or injury on the itemised breakdown.
