

Claim Form

To be completed and returned to: **Tesco Pet Insurance, Freepost - RSJG-ZJTB-GAGH, PO Box 15770, Birmingham, B2 2RB** 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
 Name, address and postcode

Daytime tel

Evening tel

Mobile tel

Email

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

Policy number

PLEASE NOTE that if any section of the form is not filled in, it may delay your claim – you **MUST** fill in sections A to E.

Please also read the following notes before submitting any claim and have your policy wording to hand for full details:

Your policy does **NOT COVER** in whole or as part of a claim:

- Any condition that started before the policy start date
- Any condition that started within the qualifying period of the policy start date
- The excess specified in your policy schedule
- Food
- Flea treatment
- Wormers
- Vaccinations

If a claim for a new condition please ensure the full medical history is attached to the claim form.

B. About your pet

Your pet's name (* multipet)

* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.

Cat Dog

Male Female

Breed

Date of birth

Has your pet been neutered/spayed? Yes No

What is the weight of your pet? kgs

Note:
 If you are not sure about any of the above information, please ask your vet to complete this for you.

C. About your pet's condition

Name of condition as advised by your vet

Condition 1	Condition 2
<input type="text"/>	<input type="text"/>

Please tell us when you first noticed your pet was unwell or injured, that led you to make an appointment with your vet.

Time and date	Time and date
<input type="text"/>	<input type="text"/>

Did you contact our vetfone service? Date

Was your pet under your care at the time of the illness/injury/incident? Yes No

If no, please provide the name and address of any authorised third party looking after your pet at the time of the incident

If your claim is for an injury, do you believe that another person was at fault? Yes No

If so, please provide details separately

D. Your previous veterinary practices (Please tell us all vet(s) where your pet was previously registered)

Practice name Address Postcode Phone number Date: from <input type="text"/> to <input type="text"/>	Practice name Address Postcode Phone number Date: from <input type="text"/> to <input type="text"/>	Please tell us your name and address at that time, if it was different to the name and address in Section A Postcode
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E. Your signature (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 RSA 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: <input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder <input type="checkbox"/> Vet/Organisation <input type="checkbox"/> Someone else, named below: Payee name _____	b. How would you like to be paid: <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.	c. Your signature: <input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder Signature _____ Date _____
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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 you pay your premium by direct debit.

F. Your vet must fill in this section about each condition (We only accept claim forms from veterinary practices)

Please advise the date this pet was registered at your practice.

If this pet was referred to you, please advise the name and address of the registered vet

Postcode

Was this pet referred to a complementary treatment professional? Yes No
If Yes, please also complete Sections G & H

Did any condition being claimed result in the death or euthanasia of the pet? Yes No

If Yes, please advise the condition

Date of death

If your claim involves dental or gum treatment, was this caused by an injury? Yes No

If a house call was made, you must confirm in writing why it was absolutely essential

Condition 1

What are the main clinical signs?

What is the diagnosis? **(This must be completed)**

Please tell us the treatment dates for this claim

From To

Have you filled in a claim for this condition before?

Yes No Don't know

If yes, treatment dates from the previous claim

From To

Condition 2

From To

Yes No Don't know

From To

IF THIS IS A NEW CLAIM, PLEASE COMPLETE THE FOLLOWING QUESTIONS AND FORWARD THE FULL MEDICAL HISTORY.

Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed.

Days Date

Days Date

Has this pet had this condition or clinical signs before, or any related condition or clinical signs before?

Yes No

Yes No

(If 'Yes' we will need the medical history to show the dates and full details)

G. Complementary treatment (N.B. If the claim involves complementary treatment this section of the claim form must be filled in by a vet and not the complementary treatment professional. Please ensure a copy of the referral letter and invoice(s) are attached.)

What complementary treatment did you refer this pet for?

What condition is the complementary treatment for?

If you have not attached a copy of the referral letter or the letter does not contain the following information, please tell us:

How many sessions have you recommended?

Please tell us the cost of complementary treatment

What organisation do you, the complementary treatment professional, belong to?

Please explain how this treats the condition.

H. The attending vet or a person authorised by the vet must fill in and sign this section

Please advise the cost of treatment incl. VAT

Condition 1

Condition 2

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.

Veterinary Surgeon's Signature:

Date:

Printed Name:

Email address of the Veterinary Practice:

Practice Stamp

Postcode:

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 must state fees for consultation, prescription charge, hospitalisation, X-rays, tests/pathologies, general anaesthetic, surgery, medication and any other fees and costs must be clearly itemised for each condition.