

# How to claim in 2 easy steps

**Step 1:** Please complete the claim form on the following page.

**Step 2:** Send the form with all necessary documentation via email to [info@petcover.uk.com](mailto:info@petcover.uk.com). To expedite your claim, we recommend sending us all documents electronically.

## How your claim will be paid

- ▶ If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- ▶ If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).
- ▶ If you want us to pay your vet, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

## Contact us

If you have any questions about your claim please call us on **01444 708840**

(between 9:00 - 17:00 Mon - Fri)

or email us at [info@petcover.uk.com](mailto:info@petcover.uk.com)

**Note:** We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

**Tip:** Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## Claim checklist

*Before sending in your claim form, please ensure the following:*

- ☐ You have fully completed all relevant sections on this claim form.
- ☐ You have attached the required evidence and/or fully itemised invoice(s) listed below.

*If this is your first claim, your last claim was more than 12 months ago or if in doubt, please provide:*

- ☐ The full clinical history from both current and previous veterinary practices if your claim relates to permanent loss of use or death by illness or injury.

Item(s) Being Claimed for	Evidence and/or invoice(s) required
<input type="checkbox"/> Permanent loss of use (Please complete sections 1, 2 and 5)	Full vet history, vet report giving details of your horse's illness or injury and stating their opinion regarding its future ability and the reasons for the opinion, purchase receipt or loan agreement.
<input type="checkbox"/> Death by illness or injury (Please complete sections 1, 3 and 5)	Full vet history, BEVA report from vet, post-mortem (if required), purchase receipt or loan agreement.
<input type="checkbox"/> Disposal (Please complete sections 1, and 5)	Disposal fee receipts.
<input type="checkbox"/> Loss by theft of straying (Please complete sections 1, 4 and 5)	Horse purchase receipt or loan agreement, police/crime report and if you are claiming for advertising expenses – the receipts showing the costs involved.

# Non-Veterinary Fees Claim Form

British Pet Insurance

Services

Part of the Petcover Group

Claim received on  
(British Pet Insurance Services use only):

Please complete the claim form and forward to us with the relevant documents to [info@petcover.uk.com](mailto:info@petcover.uk.com)

## Section 1. Your details

Policy no.:	<input type="text"/>	Your name:	<input type="text"/>
Contact no.:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Horse's name:	<input type="text"/>	Horse's date of birth:	<input type="text"/>
Is this horse insured with any other company?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name of insurer: <input type="text"/>

## Section 2. Permanent loss of use

What was the horse being used for when permanent loss of use occurred?

Was anyone else responsible for your horse when it was injured or became ill? ☐ Yes ☐ No If Yes, name/s:

## Section 3. Death by illness or injury

What was the horse being used for at time of illness or injury?

Was anyone else responsible for your horse at time of death? ☐ Yes ☐ No If Yes, name/s:

Was your horse's illness or injury resulting in death?

Was the horse euthanised due to the illness or injury? ☐ Yes ☐ No

## Section 4. Loss by theft or straying

*Your horse must have been missing for over 90 days, and you have notified police and advertised.*

**What are you claiming for** (Please tick one or both): ☐ Advertising ☐ Reward

When did you first notice your horse missing? Date:  Time:

Who your horse was last seen by?  Date:  Time:

Where was your horse last seen?

When was your horse recovered (if applicable)? Date:  Time:

Where was your horse recovered?

Police station the theft of or missing horse was reported to?

Date:

Where have you advertised your missing horse?

Have you paid a reward (*agreed in advance with British Pet Insurance*)?

☐

Yes

☐

No

If Yes, how much did you pay? £

Payee name:

Contact no. :

## Section 5. Payment and declaration

### Payment Please choose ONE of the following:

☐

**Payment into bank account.** Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

☐

**Paid to your vet.** We/I have arranged with our/my vet to have the policy benefit(s) paid directly to the veterinary practice, less the applicable excess amount and any other non-claimable items. We/I understand and agree that this payment option is only available if all parties (i.e. the veterinary practice, British Pet Insurance Services and the policyholder(s)) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account holder name:

Sort code:

Account number:

### Declaration

I authorise British Pet Insurance Services to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide British Pet Insurance Services with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

☐

Please tick here, if you have read and acknowledged the above declaration.

Date: