Claim Form

Return to: Email: Claims@Petinsure.ie, Fax: 021 601 0730

Or Post: P.O Box 911, South City D.S.U, Cork, T12 C82S

Policy Details

Policy Number: PI00_____

Your Name: _____

Address: _____

_____

Tel No: _____

Email: _____

Pet Details

Pet Name: _____

Pet Age: _____ Pet Type: Dog Cat Rabbit

Breed: _____

Gender: Male Female

Rescue Pet Y N Date of Rescue DD/MM/YY

Rescue Centre _____

History

1) How long have your owned your pet? _____

2) Have you included your pets vaccination and microchip records? Yes No

Please list **ALL** Veterinary Practices your pet has attended (current and past)

A) _____

B) _____

C) _____

Important Notes

Failure to declare any and all practices that your pet has attended previously will result in your claim being declined

If this is your first claim on your policy, all history from your pets birth will be required. Claims cannot be processed without this information

Have you claimed on any pet insurance policy either in Ireland or in another jurisdiction previously? Y N

To be completed by your veterinary practice

Pre Auth Y N (NB at least 5 working days to be allowed)

Condition or Diagnosis	Treatment Date	Amount in €

1) Has this pet presented with these or similar clinical signs previously? Y N

2) Have you provided all original treatment records which you have on file for this pet including all recorded comments, medications prescribed/given and clinical observations Y N

3) What is the first visit date for this pet at your practice? DD/MM/YY

Note: All notes recorded relating to this pet should be provided. Where handwritten cards are used or have historically been used, copies of the originals should be supplied. Retyped notes cannot be accepted.

Payment

Payment for successful claims will be to the policy holder unless indicated to the contrary here: Please circle if you wish payment direct to the veterinary practice:

Pay Vet Direct: Y

Bank Details

Please complete the bank details section for processing of payments. PetInsure will only process payments by Electronic Funds Transfer

IBAN																					

Vet / Account holder name for claim payment _____

Veterinary Declaration: I confirm that the Information provided above is correct and that all information held on file for this pet has been provided. I understand and agree that, as part of the claims assessment process, the suitability and accuracy of treatments and fees associated with this claim will be subject to review and assessment by a veterinary practitioner(s) chosen, and/or employed, by PetInsure.

Veterinary Signature

_____

Date: _____

Practice Stamp

Customer Declaration: I confirm that the information provided above is true and correct. I authorise PetInsure to obtain any and all information relating to my pet. I confirm that I have not withheld any information relating to my pets health or previous treatments. I have read and understand the **Fraud Warning** below.

Customer Signature

_____

Date

_____

Fraud Warning: Insurance Fraud is a crime. We report all instances of suspected fraud to The Garda Bureau of Fraud Investigation. Any attempt to withhold information or make a false or exaggerated claim will result in your policy being cancelled without notice and without a premium refund.