

Policy Number:

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IMPORTANT: PLEASE RETURN TO:

SAGA Pet Insurance Claims
PO Box 754
Aylesbury
HP20 9AY

Notes for completion of this form

1. Please ensure that both sides of this form are completed – Side 1 by the Policyholder and Side 2 by the treating Veterinary Surgeon.
2. If there is insufficient space on the claim form, please use a separate sheet and include your policy number.
3. You are advised to keep copies of all documentation sent to us for future reference.
4. Please be aware that claims can only be assessed once a fully completed claim form, together with all the relevant documents and information required, has been received by Saga Pet Insurance.

IMPORTANT:

PLEASE ENCLOSE AN ITEMISED RECEIPT OR ACCOUNT FROM THE VETERINARY PRACTICE.

Section 1 – This section must be completed by the Policyholder

<p>Name:</p> <input type="text"/> <p>Address:</p> <input type="text"/> <input type="text"/> <input type="text"/> <p>Post Code:</p> <input type="text"/> <p>Daytime Telephone Number:</p> <input type="text"/>	<p>Policy Number:</p> <input type="text"/> <p>Policy Start Date:</p> <input type="text"/> <p>Name of Pet:</p> <input type="text"/> <p>Breed:</p> <input type="text"/> <p>Date of Birth:</p> <input type="text"/> <p>Sex:</p> <input type="text"/>
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The following exclusions apply in respect of the above pet:

Please see policy terms and conditions and refer to your Policy Schedule for any endorsements specific to the above pet.

1. Is your pet covered by any other insurance policy? (Yes/No)
If yes, please state the company name:
2. Please provide a brief description of illness/injury/condition:
3. Date illness/injury/condition was first noticed:
4. Date of pet's last vaccination:

1. I declare that all details provided herein represent a true and accurate statement of the details appertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim.
2. I declare that where a claim involves a potential refund from other Insurers or a third party, I hereby authorise them to remit any refund to Saga Pet Insurance.
3. I understand that in the event that this claim is found to be fraudulent in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Please print name

Signature	Name	Date / /
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Saga Services Limited. The Saga Building, Middelburg Square, Folkestone, Kent CT20 1AZ. Tel 01303 771111.

Saga Services Limited is a wholly owned subsidiary of Saga Group Limited and is registered in England and Wales No. 732602. Registered Office: The Saga Building, Enbrook Park, Folkestone, Kent CT20 3SE. Saga Services Limited is authorised and regulated by the Financial Services Authority.

IMPORTANT

Saga Pet Insurance does not cover the following veterinary treatment:

- a) Any pre-existing condition/illness/injury or one shown as excluded on the Policy Schedule.
- b) Any illness or condition arising prior to or within 14 days of the inception date of the insurance.
- c) Preventative, elective treatments and routine examinations.
- d) Non-essential hospitalisation and/or house calls unless the vet declares that to move the pet would endanger its health.
- e) Dental treatment other than required as a result of an accident.

Please check Policy Terms & Conditions for full details of what is and isn't covered.

Section 2 – DETAILS OF CLAIM – This section to be completed by the Veterinary Surgeon

1. How long has this animal been registered at the practice?

If a referral case please provide the name, address & tel no of the referring practice and attach a copy of your report on the case.

Date	Diagnosis	Treatment	Cost (£) (inc. VAT)

2. Has the animal received treatment for any of the above, or any related conditions before?

(If Yes, please provide details use a separate sheet if necessary quoting the policy number in the top right hand corner)

3. Is this a continuation claim?

4. Are any of the fees in respect of pre-operative blood tests?

How much?

If Yes, were these essential in the interests of the pet's health?

5. (a) Are any of the fees for a prescription diet?

Number of tins supplied:

Cost per tin:

Name of diet:

Number of bags supplied: xKg

Cost per bag:

(b) How many tins/kg per day would be your recommendation for this pet?

 Tins

 Kg.

6. Are any of the included fees in respect of house visits / ambulance fees?

If Yes, how much?

Were these essential in the interests of the animal's health?

7. Death

a) Has the pet died as a result of the illness/injury mentioned above?

Date: / /

b) Was a charge made for cremation/burial? If Yes, how much?

Should payment be made directly to Veterinary Practice?

Where instructions are unclear, payment will be made directly to the policy holder

Amount:

AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED.

For claims over £500 please include a clinical history

Veterinary Practice Stamp:

Declaration by Veterinary Surgeon:

I certify that, to the best of my knowledge all the information contained on this form is correct and that, in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that, in my opinion, the fees charged are my normal practice fees relating to this matter.

Please print name

Signature

Name

Date / /

PLEASE RETURN WITH THE APPROPRIATE SUPPORTING DOCUMENTATION, TO:

SAGA Pet Insurance Claims, PO Box 754, Aylesbury HP20 9AY

Claims Help Line: 0800 056 6063