

SAGA PET INSURANCE CLAIM FORM

Please return completed form to: Saga Pet Insurance claims, 5th floor, The Connect Centre, Kingston Crescent, North End, Portsmouth PO2 8DE. Fax: 0843 309 4513. Tel: 0800 027 1334. Email: sagaclaims@insurancefactory.co.uk

Important

Saga Pet Insurance does not cover the following veterinary treatment:

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

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

Section 1 – This section and section 3 to be completed by the policyholder

Title:	<input type="text"/>	Daytime phone number:	<input type="text"/>
Surname:	<input type="text"/>	Home phone number:	<input type="text"/>
Forename:	<input type="text"/>	Mobile phone number:	<input type="text"/>
Address:	<input type="text"/>	Email address:	<input type="text"/>
Pet name:	<input type="text"/>	Policy number:	<input type="text"/>
Breed:	<input type="text"/>	Cover level:	<input type="text"/>
Age of pet:	<input type="text"/>	Start date:	<input type="text"/>
Sex of pet:	<input type="text"/>	Policy dates:	<input type="text"/>
Purchase price of pet:	£ <input type="text"/>		
First date of relevant illness/injury/condition:	<input type="text"/>		

SAGA



Section 1 – This section and section 3 to be completed by the policyholder (continued)

Is this an ongoing claim? Yes No

If 'YES', please provide claim number:

Please provide a brief description of illness/injury/condition

Is your pet currently covered by another insurance policy? Yes No

If 'YES', please give name of insurer:

Policy number:

Expiry date:

Has your pet been microchipped? Yes No

If 'YES', please provide microchip number:

Please complete section 3 after section 2 has been completed by your veterinary surgeon.

Section 2 – To be completed by the veterinary surgeon

Age of pet:

How long have you been treating the animal?

If this is a referral, please state name and address of practice that referred the case

Telephone number:

Date:

Section 2 – To be completed by the veterinary surgeon (continued)

Diagnosis:

Treatment:

Cost (inc VAT) £

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

Yes No

If 'YES', please give details:

Is this a continuation claim?

Yes No

Has the pet died as a result of the illness/injury/condition stated above?

Yes No

Declaration by veterinary surgeon:

VETERINARY PRACTICE STAMP AND VAT NUMBER

I certify to the best of my knowledge that all relevant information in Section 2 of this form is correct and, in my opinion, the condition treated was not present on the policy start date. I also confirm that, in my opinion, the fees charged are the normal amount relating to this matter.

Signature

Date

Print name:

A full clinical history and itemised receipt or account must be enclosed.

Section 3 – To be completed by the policyholder

Should we make payment direct to the veterinary surgeon? Yes No

If 'NO', payment will be made to the policyholder. Please complete your bank details below.

If you would like your claim payment to be settled straight into your bank account by BACS (Bankers Automated Clearing Services) please provide the details here.

Account holder name:

Sort code

Account Number

If bank details are not provided, payment will be made by cheque.

If we pay your claim by BACS a confirmation email will be sent once processed. If we do not hold your email address it will be sent by post.

Declaration

- i. I declare that all details provided herein represent a true and accurate statement of details pertaining to my claim and I have not omitted any details pertinent to the circumstances of this claim.
- ii. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with, my vet in order for my claim(s) to be administered.
- iii. 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 my insurer.
- iv. I understand that, in the event this claim is found to be fraudulent, in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Signature

Date

Print name:

