



CLAIM FORM

PLEASE EMAIL YOUR COMPLETED FORM TO US AT PETCLAIMS@INSURANCEFACTORY.CO.UK

Section 1 – This section to be completed by the insured		Policy Number:	<input type="text"/>
Title:	<input type="text"/>	Cover in force:	<input type="text"/>
Surname:	<input type="text"/>	Inception date:	<input type="text"/>
Forename:	<input type="text"/>	Policy dates:	<input type="text"/>
Home address:	<input type="text"/>	Pet name:	<input type="text"/>
		Breed:	<input type="text"/>
		Pet type:	<input type="text"/>
		Age of pet:	<input type="text"/>
		Date pet acquired:	<input type="text"/>
Postcode:	<input type="text"/>	Sex of pet:	<input type="text"/>
Telephone:	<input type="text"/>	Purchase price:	£ <input type="text"/>
Email address:	<input type="text"/>	First date of illness / injury or condition:	<input type="text"/>
		Microchip number (if applicable):	<input type="text"/>

Please provide a brief description of illness/injury/condition:

Is your pet currently covered by any other insurance policy? If yes please specify below.

Name of Insurer:	Policy number:	Expiry date:
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Has your pet been registered with any other vet? If yes, please provide contact details:

Payment instructions:

Should we make the payment direct to the Veterinary Clinic?

Where instructions are unclear, payment will be made to you.

Delete as appropriate

Payment to you will be made by BACS (Bankers Automated Clearing Services) if you pay for your policy by Direct Debit and the bank account is in your own name or you are a joint account holder.

If you do not pay for your policy by monthly Direct Debit and 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	<input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>

A confirmation email will be sent once processed. If we do not hold your email address it will be sent by post.

Declaration:

1. I declare that all details provided herein represent a true and accurate statement of the details pertaining to my claim and that I have not omitted any details pertinent to the circumstances of the claim. I can also confirm that this claim form has been signed and dated after the treatment has taken place.
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 my insurer.
3. 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.
4. 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.

Signed	<input type="text"/>	Name	<input type="text"/>	Date	<input type="text"/>
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**Must be after treatment date*

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

Age of pet:

How long have you been treating the animal?

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

Date	Diagnosis	Treatment	Cost (inc VAT)
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Has the animal received treatment for any of the above, or any related conditions before?

YES/NO

Delete as appropriate

If yes, please provide details:

Is this a continuation claim?

YES/NO

Delete as appropriate

Do you consider this to be a hereditary/congenital condition?

YES/NO

Delete as appropriate

If a home visit was made, was it because moving the pet would have endangered the pet's health?

YES/NO

Delete as appropriate

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

YES/NO

Delete as appropriate

If the claim payment is to be paid straight into the Surgery bank account by BACS (Bankers Automated Clearing Services) please provide the details here.

Practice account name

Sort code

Account number

Declaration by Veterinary Surgeon:

Veterinary Practice Stamp and VAT No:

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.

Signed Date

Print name

Practice email address

A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED FOR VETERINARY FEE CLAIMS

For pet insurance, AA introduce to Insurance Factory Ltd who arrange and administer the policy. Insurance Factory Ltd is authorised and regulated by the Financial Conduct Authority (No. 306164). Registered in England and Wales Number 02982445. Registered Office: 45 Westerham Road, Bessels Green, Sevenoaks, Kent, TN13 2QB. You can check this by visiting the Financial Services Register at <https://www.fca.org.uk/register>



HOW TO CLAIM - DOCUMENTS REQUIRED HELP SHEET

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Veterinary Fees	<p>Claim form fully completed, signed (after each invoice received) and dated by you (the named policyholder) & your Veterinary Surgeon.</p> <p>A full clinical history from your Veterinary Surgeon.</p> <p>An itemised invoice/receipt showing all the treatment carried out.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Death Benefit	<p>Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.</p> <p>Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.</p> <p>Witness statement of the incident that caused the death (if applicable)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Boarding Kennel/Cattery	<p>Claim form fully completed and signed by you (the named policyholder).</p> <p>Kennel or cattery invoice.</p> <p>Letter from your GP confirming the date they first saw you for the condition you were hospitalised for.</p> <p>A letter from the hospital confirming the dates you were hospitalised from and to.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Advertising & Reward	<p>Claim form fully completed and signed by you (the named policyholder).</p> <p>Searchers fee invoice if appointed.</p> <p>Receipts for stationery used.</p> <p>The finder of your pet detailing the reward you gave and a signed receipt including their full name and address.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Theft or Straying	<p>Claim form fully completed and signed by you (the named policyholder) & your Veterinary Surgeon.</p> <p>Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.</p> <p>Name and telephone number of all local vets, rescue centres, police station and police officers name and badge number you reported it to (if dog) or dog warden you have contacted.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transportation and Overnight Expenses	<p>Claim form fully completed and signed by you (the named policyholder).</p> <p>Accommodation invoice.</p> <p>Fuel receipt.</p> <p>Details of car make and model.</p> <p>Details of distance travelled.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Holiday Cancellation	<p>Claim form fully completed and signed by you (the named policyholder).</p> <p>Travel operator (or similar) confirmation letter of cancellation and costs charged.</p>	<input type="checkbox"/> <input type="checkbox"/>
Overseas Travel	<p>Claim form fully completed and signed by you (the named policyholder) & the treating Veterinary Surgeon.</p> <p>A full clinical history from your Veterinary Surgeon.</p> <p>An itemised invoice/receipt showing all the treatment carried out.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Liability, Accidental Damage	<p>You will need to complete a Liability Claim form, please contact us to obtain a copy.</p>	<input type="checkbox"/>

Important: Please refer to your policy terms and conditions and exclusions which shows the level of cover you have in place for your pet and what benefits are available to you. Not all of the benefits listed here are claimable on certain policies.