

Please complete and return the claim form to:

Ultimate Pet Partners: 5th Floor, The Connect Centre, Kingston Crescent, Portsmouth, PO2 8DE, United Kingdom.

If you have any questions about a claim or how to complete this claim form, please call the Ultimate claims team on 1850 499 123, Monday to Friday 8:00am to 9:00pm and Saturday 9:00am to 2:00pm; or visit [www.123.ie](http://www.123.ie); or email [petclaims@ultimateservices.co.uk](mailto:petclaims@ultimateservices.co.uk)

*You, the Policyholder, must complete Section 1, 2 & 4, Your Vet must complete Section 3. All Sections must be completed.*

Section 1 - About You: This section to be completed by the Policyholder

Policy Number: \_\_\_\_\_ Policy Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your name: Mr/Mrs/Ms: \_\_\_\_\_

Your address: \_\_\_\_\_  
\_\_\_\_\_

Your home telephone number: \_\_\_\_\_ Your mobile number: \_\_\_\_\_

Your email: \_\_\_\_\_

Section 2 - About Your Pet: This section to be completed by the Policyholder

Male  Female  Dog  Cat  Age of Pet: \_\_\_\_\_

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Your pets microchip number: \_\_\_\_\_  
*(if applicable)*

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

If your pet is being treated for a second illness/injury/condition please provide the details here:

Has your pet been referred to a Referral Centre? If Yes, please provide full details below:

**Section 3 - About the Claim - This section to be completed by the Veterinary Surgeon**

How long have you been treating the animal?

Date of treatment:

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 provide details:

Is this a continuation claim? YES / NO

Has the pet died as a result of the illness/injury mentioned above? YES / NO

**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 the fees charged are my normal practice fees for such treatment and/or drugs.*

Signed \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name \_\_\_\_\_

Practice Stamp

**PLEASE ENCLOSE A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR STATEMENT OF ACCOUNT**

**Section 4 - Confirmation of Information - This section to be completed by the Policyholder**

Should the Insurer make the payment direct to the Veterinary Surgeon? YES / NO  
Where instructions are unclear, payment will be made to the Policyholder.

If payment is to be made to the Policyholder:

Payment will be made directly to your bank account via Electronic Bank Transfer

Name on Account: \_\_\_\_\_

IBAN (International Bank Account Number): \_\_\_\_\_

BIC (Bank Identifier Code) Number: \_\_\_\_\_

*The IBAN and BIC should be printed on your bank account statement, otherwise your bank can provide these details*

**IMPORTANT**

**Declaration by the Policyholder:**

- 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 this claim.
- 2) I understand and agree that information relevant to my claim(s) will be obtained from, and shared with my Vet in order for my claim(s) to be administered.
- 3) 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.
- 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 \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name \_\_\_\_\_