

Please complete and return the claim form to:

UIS Pet Insurance: 5th Floor, The Connect Centre, Kingston Crescent, Portsmouth, PO2 8DE

If you have any questions about a claim please call the UIS Pet Insurance claims team on 1850 499 123, Monday to Friday 9:00am to 6.30pm; or visit www.uispet.co.uk; or email petclaims@ultimateservices.co.uk

Section 1 – This section to be completed by the owner/insured

Policy Number:

Title:

Surname:

Forename:

Home address:

Postcode:

Home tel Number:

Cover in force:

Inception date:

Policy dates:

Pet name:

Breed:

Age of pet:

Sex of pet:

Purchase price of pet (€):

First date of

illness/injury/condition:

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your pet been micro chipped? If so, please provide the micro chip number:

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)

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:

Veterinary Practice Stamp:

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.....

A FULL CLINICAL HISTORY AND AN ITEMISED RECEIPT OR ACCOUNT MUST BE ENCLOSED

Section 3 – This section must be completed by the insured/owner

Should Insurers make payment direct to the Veterinary Surgeon?

YES/NO

Where instructions are unclear, payment will be made to the Insured.

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 this 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 my Insurer.
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.

Signed..... Name..... Date.....