



Claims helpline: 0845 246 8496

Open Mon-Fri 9am-5pm

Your Vet fee claim pack

This pack contains a Vet fee claim form and a checklist. This will help you when completing your claim form to ensure that all the relevant information has been included so that we can assess your claim as quickly as possible.

Please note that if your claim is for anything other than Vet fees (i.e. Holiday cancellation, Third party liability, Hospitalisation of owner, Theft or straying, Death of a pet, Overseas travel) there is a separate claim form. Please call us on the claims helpline number above to request this.

Please read the following points before submitting any claim and have your policy wording to hand for full details:

- You must call us before seeing a specialist vet, second opinion vet or a vet that you have been referred to.
- All cover for ongoing claims is subject to the policy remaining in force.
- The policy schedule details the policy you have and the vet fee excess that applies to each separate condition. If a claim includes costs for more than one condition e.g. multiple lumps that do not have the same diagnosis an excess per lump will apply.
- Essential policy: treatment costs for each separate condition up to the vet fee limit for up to 12 months from the first date of treatment, whichever is reached first.
- Advanced policy: treatment costs for each separate condition up to the vet fee limit.
- Treatment – includes any vet fees for necessary examinations, consultations, advice, tests, x-rays, surgery, prescribed drugs or medication, nursing or care given by or under the direction of a vet during a period of insurance

To prevent any delay in processing your claim, please ensure that you have completed the Claim form checklist included in this pack.

We may contact you about this claim and future claims by letter, text message or email, using the contact details provided on your claim form. If we can't help with all or part of your claim we'll explain why and let you know if we need any additional information.

If you do have any queries about filling in your claim form please contact us on the claims helpline number above. We're available Monday to Friday 9am – 5pm and we'll be happy to help.

We suggest you keep copies of all documents you send us for your reference and in case anything gets lost in the post.

Direct Line Pet Insurance Team





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Claim form checklist

Please ensure each item on the checklist below is completed to assist us with processing your claim as quickly as possible.

- Have you read your policy schedule and wording to make sure you're covered? ☐
- Have you called us before seeing a specialist vet, second opinion vet or a vet that you have been referred to? ☐
- Have you fully completed Sections 1,2,3 & 4 of the claim form? ☐
- Have you signed the policyholder declaration? ☐
- Has your vet fully completed Sections 5,6,7 & 8 of the claim form? ☐
- Has your vet signed **and** stamped the veterinary surgeon declaration? ☐
- Have you attached a fully itemised invoice / receipt to show the costs of treatment, drugs and procedures for your pet? ☐
- Have you attached a clinical history for your pet, for the treatment dates being claimed? ☐
- If required, have you attached a **full** clinical history for your pet?
Please see section 3 of this claim form if you are unsure. ☐

Once the claim form and the checklist above has been completed, please send the claim form and any associated information to:

Direct Line Pet Insurance
Pet Claims
37 Broad Street
Bristol
BS1 2EQ





Please read the following notes before submitting your claim: Your policy will **NOT** cover you for:

- Any claim for any injury, illness, disease or symptoms relating to any injury, illness or disease that was in existence prior to your pet being covered. This includes any recurring condition that is in any way related to a pre-existing injury, illness or disease.
- Any claim arising from any illness or disease that happens within the first 14 days of the pet being covered. This includes any recurring condition that is related to an illness or disease that happened within the first 14 days of the pet being covered.

This list does not contain all the exclusions in the policy so:

Please read your policy schedule and wording for full terms and conditions, exclusions and sections of cover that apply.

PLEASE NOTE: Any incomplete claim forms will be returned to the policyholder for completion which will delay your claim.

Sections 1,2,3, & 4 Must be completed by the Policyholder

Overleaf - Sections 5,6,7 & 8 Must be completed by the Veterinary Surgeon

Section 1 Policyholder details

Policyholder Name: _____

Policy Number: _____

Policyholder Address: _____

Telephone no: _____

Mobile no: _____

Email: _____

Section 2 Details of your pet

Pet's Name: _____

Dog Cat Sex: M F

Breed: _____

Age: _____

How many years have you had your pet: _____

Date of Birth: _____

Section 3 Detail of the claims

Please include a **FULL** clinical history if: a) You have been insured with us for less than a year
b) You have been with the vet practice for less than a year
c) Your pet has had a similar condition before

CONDITION 1:

Please describe what is wrong with your pet:

On what date did you first notice that something was wrong with your pet? _____

Has your pet ever suffered from this before? **Yes** **No**

CONDITION 2:

Please describe what is wrong with your pet:

On what date did you first notice that something was wrong with your pet? _____

Has your pet ever suffered from this before? **Yes** **No**

Please provide the name, address and contact number of any Veterinary surgery your pet has attended in addition to the one shown in section 8 of this form:

Section 4 Declaration by the policyholder

- I am aware that Direct Line Insurance regularly exchanges claims information with other insurance companies that provide related insurance.
- I hereby give my consent for the release of any medical information necessary to process this claim, both from and to Direct Line Insurance.
- To the best of my knowledge all details supplied are true. 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 for prosecution.

Payment to:

☐ Policyholder ☐ Vet ☐ Other You must provide TITLE & FULL NAME of payee _____

If you do not provide the title and full name payment will be made to the Policyholder

Signature of policyholder: _____ Date: ____/____/____ Continued overleaf (for completion by the vet)



Section 5 Detail of the claims

Are you aware of any other vets the insured pet has been registered with? Yes / No

If Yes please provide a copy of the full clinical history including any other vet's history if applicable?



CLAIM 1:

(If this claim is for a mass removal please enclose the histology results if carried out)

Date the condition started: _____

Dates of treatment for this claim: _____

Please state the condition/diagnosis:
(If diagnosis not known please describe the symptoms)

Is this a new or continuation claim?

New Continuation

If this is a new claim has the pet been treated for this or a similar condition before?

Yes No

(If Yes, please provide a copy of the full clinical history including any other vets history if applicable)

Is this condition ongoing?

Yes No

CLAIM 2:

(If this claim is for a mass removal please enclose the histology results if carried out)

New Continuation

Yes No

(If Yes, please provide a copy of the full clinical history including any other vets history if applicable)

Yes No

Section 6 Detail of claim fees

Please Note: An itemised invoice must be enclosed showing the date and breakdown of fees. If prescriptions are included please advise on the quantity and type of drugs prescribed.

CLAIM 1:

Amount being claimed inc V.A.T:

£ _____

CLAIM 2:

£ _____

Section 7 Details of practice registration history

Date the insured pet was first registered at your practice: ____/____/____

Date of insured pet's last routine vaccination / booster: ____/____/____

If the insured pet is not registered with you, by whom was it referred and when? _____

Referral date: ____/____/____



Section 8 Declaration by the Veterinary Surgeon

I certify that the details above are accurate and complete and that the fees charged are reasonable and necessary and are the usual fees charged by this practice.

Signature: _____

Print Name: _____

Date: ____/____/____

Veterinary Stamp