

Your guide to completing a claim form for policyholders

Sainsbury's Bank

If the claim is for a new condition, please complete ALL sections and fields and provide the pet's FULL clinical history. For a continuation claim (where you have already submitted a form for earlier treatment of the same condition), you only need to complete the shaded boxes marked with a C.

2 Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

4 Make sure you tell us the details of your pet's illness or injury and the exact date it was first noticed. Without this information your claim may be delayed.

5 So that we have a complete picture of your pet's history, please let us have the details of any other veterinary practice where your pet has been registered.

6 Don't forget to choose one payment option, and to sign and date this section.

3 Complete your pet's details.

1 Remember to enter your policy number. Without this we cannot process your claim.

Please complete using a black pen and block capitals.
If you are submitting a continuation claim, only complete the shaded boxes marked with a C

Vet Fees Claim Form

1. Policyholder to complete About you and your pet

Policyholder's Name Policy Number

Home Address

Postcode

Home Tel Number

Mobile Tel Number

Email Address

Policy Start Date

Pet's Name

Species (Dog/Cat) Dog Cat

Breed

Date Of Birth

Pet's Gender Male Female

Microchip Number

2. Policyholder to complete Details of your pet's illness/injury

What illness, injury or behavioural disorder are you claiming the cost of treatment for?
Condition 1 Condition 2 (If relevant)

When did you first notice your pet was injured, unwell or acting strangely?
Condition 1 Condition 2 (If relevant)

3. Policyholder to complete General information

Please tell us the vet(s) where your pet has been registered previously to your current vet

Practice name Address Post Code Tel. No Date last registered	Practice name Address Post Code Tel. No Date last registered	Practice name Address Post Code Tel. No Date last registered
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Payee Details
By signing this form I authorise Sainsbury's Bank to provide the veterinary practice with information about my policy in respect of this claim and on this form and that it is correct to the best of my knowledge. I understand that if the information is not true, accurate or complete my claim may not be paid and my insurance may be cancelled or void.

Please tell us who to pay and sign the box below to confirm you agree with this declaration.

Please pay me Please pay vet

Signature Date

4. Policyholder to complete Purchase price or value of your pet

If you want to claim for the purchase price or value of your pet, please tell us the amount you originally paid and attach your purchase receipt. (If you do not have a purchase receipt, we will consider your claim in line with your policy wording.)

Amount paid

Sainsbury's Bank
We're here to help
If you have any questions call us on 0818 172 6470. Or if you need help completing the form please visit <http://www.sainsburysbank.co.uk/pet>

Important Notes:

- Please include all required documentation, including original invoices and, if this is the first claim, a full clinical history
- If the claim is being faxed, please retain all the original copies of the claim form and receipts
- Please use a separate claim form for each pet
- Please send completed claim forms including copies of all receipts to Sainsbury's Pet Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

