

Claim Form for Pet Accidental Injury Cover

Simplyhealth, Simplyhealth House, Victoria Road, Winchester, Hampshire SO23 7RG
Tel: 0800 587 2582 Email: petinsurance@pethealthplans.co.uk

Section 1: for completion by the policyholder - Please print in block capitals

Contact details

Your name:

Address:

Post code: Tel no:

Email:

Payment details:

Account holder:

Sort code: - - Account number:

Claim details: (please complete a separate claim form for each claim if there is more than one)

Animal's name: Sex: M F

Dog: Cat: Rabbit: Animal's date of birth:

Microchip number:

Breed: Colour:

Injury being claimed for:

Date injury first noticed:

How did the injury happen: (note - this must be as a result of a specific accident caused by external trauma)

Owner's declaration:

Do you have another insurance policy for this pet? Yes No

If 'Yes' please give details of your pet insurance company below:

Company name:

Address:

Post code: Company Tel no:

Policy number:

Signature:

Owner reference:

Date:

Please leave blank if you do not have this



To help reduce our impact on the environment we will contact you by email if we need to discuss your claim. Please tick this box if you do not want to be contacted by email

Please ask your treating veterinary surgeon to complete section 2 overleaf

Section 2: for completion by the treating veterinary surgeon

Does the animal treated correspond to the description overleaf: Y N

Value of claim: £

Date and time you were first advised of this injury: DD MM YY HH : MM

Date and time of your first consultation: DD MM YY HH : MM

Details of injury:

What were the symptoms first exhibited?

What was your diagnosis for this specific injury?

Please note that if more than one injury is being treated, a separate claim form must be completed for each of them and invoices must be split appropriately

In your opinion how long has the animal had this injury?

Has the injury resulted in death/euthanasia? Y N

If no, what is your prognosis for this injury?

Possible contributing factors:

If there is any underlying pathology that could be contributing to this claim, please provide details:

What is the animal's weight: kg Is weight outside breed standards: Y N

If any of the following are contributory factors to this claim, provide details. Answer 'no' to any that do not apply.

Weight:

Age:

Congenital disposition:

Other: (please detail)

General information:

Are you the animal's usual veterinary surgeon/practice? Y N

If 'no' please provide the name of the regular vet/practice:

If you have treated any other condition/incident prior to this injury, regardless of relevance to this claim, please attach a full veterinary history to this form

Veterinary surgeon's declaration:

I declare that, to the best of my knowledge and belief, the information completed in this form is true and correct.

Signature:

MRCVS/FRCVS

Practice stamp:

Name:

Date: DD MM YY

Date: DD MM YY