JOHN LEWIS & PARTNERS

CLAIM FORM

Claims@johnlewis-petinsurance.com
vetfone: 0800 316 7119
Speak to a qualified Vet nurse 24 hours a day
365 days a year on our free helpline number.

Once you and your vet have completed the form, the quickest way to get it to us is simply email it to the address above with the supporting documents. Alternatively you can send it by post to: **John Lewis Pet Insurance Claims, Lynchwood Park, Peterborough, PE2 6GG**. Our Claims Helpline is 0330 102 2756.

A. ABOUT YOU (THE POLICYHOLDER)

If your name or address has changed, please tick ☐
(Please note that changes to your address may affect your premium)

Your name, address and postcode

Daytime tel

Mobile tel

Email

Policy number (must be completed)

Please ensure you provide us with your mobile number and email address so that we can keep you informed of the progress of your claim.

IMPORTANT INFORMATION – PLEASE READ

Is this claim for a:

☐ **New Condition**
Please complete all sections

☐ **Continuation Condition**
Please complete sections A, B & E

If this claim is for a new condition please ensure that the pet's full medical history from all the vets that your pet has been registered with is submitted with the claim form.

If this claim is for a continuation condition then please ensure that the medical history since the last claimed date of treatment is submitted with the claim form.

PLEASE NOTE THAT IF ANY SECTION OF THE CLAIM FORM IS NOT FILLED IN, OR THE SUPPORTING INFORMATION IS NOT SUBMITTED, THIS WILL DELAY YOUR CLAIM.

if you are claiming for continuation treatment you must submit claims every 3-6 months. Therefore, in order to save paper, you do not need to submit a claim for every visit to your vet but you can batch the invoices up.

Your policy does not cover:

- Any changes that you or your vet noticed in your pet's health or behaviour before the policy started or any condition that arise from those changes
- Any accident that happened within the first 48 hours after the policy start date
- Any condition that started within the first 14 days after the policy start date

B. ABOUT YOUR PET

Your pet's name

* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.

Cat ☐ Dog ☐

Male ☐ Female ☐

Breed

Date of birth DD/MM/YYYY

Your pet's microchip number

How long have you owned the pet?

C. ABOUT YOUR PET'S CONDITION

	Condition 1	Condition 2
Please tell us when you noticed your pet was unwell or injured. If your pet has had the same or similar changes in health we require the first date.	Date	Date
A description of the changes to your pet's health that you noted.		
Did you contact our 24 hour vetfone service for advice on your pet's condition before seeing your vet? Please call **0800 3167119** if required in the future.	Yes ☐ No ☐ Date DD/MM/YYYY	Yes ☐ No ☐ Date DD/MM/YYYY
Was your pet under your care at the time of the illness/injury/incident?	Yes ☐ No ☐	Yes ☐ No ☐
If no, please provide the name and address of any authorised third party looking after your pet at the time of the incident.		

If your claim is for an injury, do you believe that another person was at fault? If so, please provide details separately. Yes ☐ No ☐

D. YOUR PREVIOUS VETERINARY PRACTICES (Please tell us all vet(s) where your pet was previously registered)

Practice name	Practice name	Please tell us your name and address at that time, if it was different to the name and address in Section A.
Address	Address	
Postcode	Postcode	Postcode
Phone number	Phone number	
Date: from DD/MM/YYYY to DD/MM/YYYY	Date: from DD/MM/YYYY to DD/MM/YYYY	

E. YOUR DECLARATION, WHO TO PAY AND DATA PROTECTION NOTICE

(Please complete boxes a & b below to tell us who to pay)

I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. John Lewis Pet Insurance will process your data in accordance with our privacy notice which can be found online at www.rsainsurance.co.uk/privacy-policy. I agree that information provided may be shared with my vet and could include updates on my claim.

a. YOUR DECLARATION. By ticking the following box, I confirm that I agree with the above statement: ☐
My name is **I am the Policyholder:** ☐ **I am the Joint policyholder:** ☐ Dated DD/MM/YYYY

b. WHO WOULD YOU LIKE US TO PAY: **Policyholder:** ☐ **Vet Practice/Organisation:** ☐

c. PAYMENT METHOD: If we are paying your vet, we will pay them by BACS if we hold their bank details. Otherwise we will send them a cheque. If you pay your premium by direct debit, we will pay any settlement amount into that account. If you pay your premium by any other method, settlement will be by cheque.

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet.

IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY IN PROCESSING THE CLAIM.

If the condition being claimed for is new please complete all sections and enclose a full medical history for the pet.
If the condition is ongoing please complete the sections with the grey box and enclose the medical history since the last claimed date of treatment.

F. YOUR VET MUST FILL IN THIS SECTION ABOUT EACH CONDITION

Please advise when the pet was registered at your practice.

Date DD/MM/YYYY

If this pet was referred to you, please advise the name and address of the registered vet which referred it, and submit the referral letter/report with this claim.

Postcode

If a house call was made, you must confirm below why it was absolutely essential.

If the pet was seen out of hours please confirm why this was and whether the treatment could have waited until normal surgery hours.

	Condition 1	Condition 2
What is the diagnosis of the condition (if no diagnosis has been made please provide the main clinical signs).		
Please tell us the treatment dates for this claim.	From DD/MM/YYYY To DD/MM/YYYY	From DD/MM/YYYY To DD/MM/YYYY
Is this claim for a continuation of treatment?	Yes ☐ No ☐	Yes ☐ No ☐
If yes, please advise the previous dates of treatment.	From DD/MM/YYYY To DD/MM/YYYY	From DD/MM/YYYY To DD/MM/YYYY
Did the condition being claimed for result in the death or euthanasia of the pet?	Yes ☐ No ☐	Date of death DD/MM/YYYY
The body condition score for the pet.	Scale 1-5 (tick to complete) ☐ Scale 1-9 (tick to complete) ☐	Body Score

If this claim is for a cruciate rupture, is this solely the result of a trauma ____ or is there any breed predisposition, underlying disease or conformational issue? ☐

Please tell us the date that the clinical signs were first noticed (as noted on your clinical records).	Date DD/MM/YYYY	Date DD/MM/YYYY
Has this pet had this condition or clinical signs before, or any related condition or clinical signs before?	Yes ☐ No ☐	Yes ☐ No ☐

(If 'Yes' we will need the medical history to show the dates and full details)

	Condition 1	Condition 2
Please advise the cost of treatment incl. VAT	£	£

G. THE ATTENDING VET OR A PERSON AUTHORISED BY THE VET MUST FILL IN THIS SECTION

I declare to the best of my knowledge and belief that all information provided in this claim form is true and complete. The fees I have charged are no more than the fees I would normally charge my clients. ☐

Name:		Position in the Practice:	
Practice Address:		Postcode:	
Email Address:		Phone Number:	
Date:	DD/MM/YYYY		

IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. The costs must be clearly apportioned between each condition being claimed for. Please do not use highlighter pen to apportion costs.

IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY IN PROCESSING THE CLAIM.