

Claim Form

tesco.petclaims@uk.rsagroup.com

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: **Tesco Pet Insurance, Freeport – RSJG-ZJTB-GAGH, PO Box 1363, Peterborough, PE2 2QZ.** Our Claims Helpline is 0345 078 3860.

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

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.

Policy number (must be completed)

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 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 can batch your invoices up but you must submit your claims every 3-6 months.

Your policy does not cover:

- Any condition, illness or physical abnormality that exists before the policy started
- Any accident that happened within the first 5 days after the policy start date (ACCIDENT & INJURY COVER ONLY)
- Any condition that started within the first 14 days after the policy start date

B. About your pet

Pets Name*

How long have you owned the pet?

Cat

Dog

Male

Female

Breed

Date of birth DD/MM/YYYY

Your pet's microchip number:

* 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.

C. About your pet's condition

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.

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 1974949** if required in the future.

Was your pet under your care at the time of the illness/injury/incident? 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

Condition 1

Time and date HH:MM DD/MM/YYYY

Yes

No

Date DD/MM/YYYY

Yes

No

Condition 2

Time and date HH:MM DD/MM/YYYY

Yes

No

Date DD/MM/YYYY

Yes

No

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 the vet(s) details where your pet was previously registered)

Practice name	
Address	
Postcode	
Phone number	
Date: from DD/MM/YYYY to DD/MM/YYYY	

Practice name	
Address	
Postcode	
Phone number	
Date: from DD/MM/YYYY to DD/MM/YYYY	

Please tell us your name and address at that time, if it was different to the name and address in Section A.

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. I agree that **Tesco Bank** Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to **Tesco Bank** Pet Insurance in connection with managing and handling claims. 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.

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:

Joint policyholder:

Vet/Organisation:

c. PAYMENT METHOD: If you pay your premium by Direct Debit we will automatically pay any settlement into that account by electronic transfer. If Direct Debit is not used please ensure that you provide us with your contact details in Section A above, in the event we have to contact you to agree an alternative payment method.

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 TO YOUR CLAIM.

**If the condition being claimed for is new please enclose a full medical history for the pet.
If the condition is ongoing please enclose the medical history since the last claim.**

F. The vet must fill in this section about each condition

Please advise when the pet was registered at your practice Date

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

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

Please advise if you are a member of the RSA preferred referral network Yes No

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

If any part of this claim is for dental treatments please tell us the date prior to the claimed problem being noted that the pet had its teeth checked, and if treatment was recommended at this check up was this carried out?

Date Treatment recommended Yes No

Treatment was carried out Yes No

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 To

From To

Is this claim for a continuation of treatment?

Yes No

Yes No

If yes, please advise the previous dates of treatment.

From To

From To

Did the condition being claimed for result in the death or euthanasia of the pet?

Yes No

Yes No

Date of death

Date of death

Please tell us the date that the clinical signs were first noticed (as noted on your clinical records).

Date

Date

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.)

The body condition score for the pet. Scale 1-5 please add the score in the box

Scale 1-9 please add the score in the box

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?

G. The attending vet or a person authorised by the vet must fill in this section

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

Condition 2 £

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:

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.

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