## **CLAIM FORM**

## Call the Claims Helpline: 0345 078 7500 OR email: claims@argospetinsurance.co.uk

To be completed and returned to: Argos Pet Insurance, Freepost – RSTK-EEBG-CJYS, PO BOX 1364, Peterborough PE2 2RA or for a quicker way of submitting your claim to us please email a scanned copy to claims@argospetinsurance.co.uk

A About you (the Policyholder)  If your name or address has changed, please tick (Please note that changes to your address may affect your prem Your name, address and postcode	IMPORTANT INFORMATION – PLEASE READ  Is this claim for a:  New Condition  Please complete all sections	B About your pet  Your pet's name		
Daytime Number  Mobile Number  Email  Policy number (must be completed)	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 arose from those changes	* 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  Your pet's microchip number:		
If you provide us with your mobile number and email addres we can let you know we have received your claim form.	Any accident that happened within the first 48 hours after the policy start date     Any condition that started within the first 10 days after the policy start date	How long have you owned your 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 1976717 if required in the future.  Was your pet under your care at the time of the illness/injury/incident?  If no, please provide the name and address of any authorised third party looking after your pet at the	Condition 1 Time and Date  Yes No Date  Yes No Date	Condition 2 Time and Date  Yes No Date  Yes No Date		
time of the incident.  If your pet's claim is for an injury, do you believe that	another person was at fault? If so, please provide de	tails separately. Yes \( \square\) No \( \square\)		
D Your previous veterinary practices (P	lease tell us <b>all</b> vet(s) where your pet was previo	ously registered)		
Practice name Address	Practice name Address	Please tell us your name and address at that time, if it was different to the name and address in Section A.		
Postcode Phone number	Postcode Phone number	Destrode		
Date: from to	Date: from to	Postcode		

IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY TO YOUR CLAIM.



## E Your signature, who to pay and Data Protection notice (Please complete boxes a, b and c 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 Argos 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 Argos Pet Insurance in connection with managing and handling claims.

a Who would you like us to pay:	b How would you	like to be paid:	c Your signature:			
Policyholder Joint policyholder	Cheque – For joint policy holder, vet		☐ Policyholder			
$\square$ Vet/Organisation	or to opt out of electronic payment.  If you pay your premium by Direct Debit, we		☐ Joint policyholder			
There is no guarantee that we will pay your vet direct. Please confirm with your vet that they can deal directly with Argos Pet Insurance.	will pay any settlen electronic transfer.	nent into that account by	Signature:			
Payee name	lf you would like to cheque payment, p	opt put of this and receive a llease tick above.	Date:			
Please note: if we decide Electronic payment option is only availa		all of your claim, it is your res made to the policyholder and				
If the condition being claimed for If the condition is ongoing please complete the s						
F Your vet must fill in this section abou	ut each condition					
Please advise when the pet was registered at your practice Date						
f this pet was referred to you, please advise the name	e and address of the reg	istered vet who referred the pe	et and submit the referral	letter/report with this claim.		
	h :	- autol				
f a house call was made, you must confirm below w	ny it was absolutely ess	sential.				
f the pet was seen out of hours please confirm why	this was and whether t	he treatment could have waite	ed until normal surgery h	ours.		
	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	То	From	То		
s this claim for a continuation of treatment?	Yes	No	Yes	No		
f yes, please advise the previous dates of treatmen	t From	То	From	То		
Did the condition being claimed for result in the death or euthanasia of the pet?	Yes	No	Date of Death			
The body condition score for the pet	Scale 1-5 (tick to con		Body Score			
	Scale 1-9 (tick to con	nplete)				
f this claim is for a cruciate rupture, is this solely the r	esult of a trauma of	r is there any breed predisposi	tion, underlying disease o	conformational issue?		
Please tell us the date that the clinical signs were first noticed (as noted on your clinical records).	Date		Date			
,	a Vas	No 🗆	Vac 🗆	No 🗆		
Has this pet had this condition or clinical signs befor or any related condition or clinical signs before? (If 'Yes' we will need the medical history to show		No 🗌	Yes L	No 🗌		
Please advise the cost of treatment incl. VAT	Condition 1		Condition 2			
G The attending vet or a person aut	norised by the vet	t must fill in and sign t	his section			
I declare to the best of my knowledge and belief	that all information pro	ovided in this claim form is	Practice Stamp			
true and complete.  The fees I have charged are no more than the fe	es I would normally cha	arge my clients.				
Name:	Position in the Practice:					
Email Address:						
Signature:	Date:		Postcode:			

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.

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