CLAIM FORM

Call the Claims Helpline: 0345 078 7500 OR email: argospet.claims@uk.rsagroup.com

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 argospet.claims@uk.rsagroup.com

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 Number

Mobile Number

Email

Policy number (must be completed)

If you provide us with your mobile number and email address, we can let you know we have received your claim form.

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 arose from those changes
- 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

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 your 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.	Time and Date HH:MM DD/MM/YYYY	Time and Date HH:MM DD/MM/YYYY
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.	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? If **no**, please provide the name and address of any authorised third party looking after your pet at the time of the incident.	Yes ☐ No ☐	Yes ☐ No ☐

If your pet's 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	
Phone number	Phone number	
Date: from DD/MM/YYYY to DD/MM/YYYY	Date: from DD/MM/YYYY to DD/MM/YYYY	Postcode

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

Argos PET INSURANCE

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:

☐ Policyholder ☐ Joint policyholder

☐ Vet/Organisation

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.

Payee name _____

b How would you like to be paid:

☐ Cheque – For joint policy holder, vet or to opt out of electronic payment.

If you pay your premium by Direct Debit, we will pay any settlement into that account by electronic transfer.

If you would like to opt out of this and receive a cheque payment, please tick above.

c Your signature:

☐ Policyholder

☐ Joint policyholder

Signature: _____

Date: DD/MM/YYYY

Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet.
Electronic payment option is only available if payment is to be made to the policyholder and if you pay your premium by direct debit.

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 boxes 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 who referred the pet and submit the referral letter/report with this claim.

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? (**If 'Yes' we will need the medical history to show the dates and full details**)	Yes ☐ No ☐	Yes ☐ No ☐
Please advise the cost of treatment incl. VAT	**Condition 1**	**Condition 2**

G The attending vet or a person authorised by the vet must fill in and sign 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:

Email Address:

Signature: Date: DD/MM/YYYY

Practice Stamp

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.

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

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