



SCOTTISH  
PET INSURANCE

# Claim Form

## for Boarding Fees (Hospitalisation)

For official use only

**PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM. PLEASE COMPLETE A SEPARATE FORM FOR EACH PET**

PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

**We're happy to help!**  
If you have any questions call us on  
**0845 070 1028**

### 1. Policyholder to complete POLICY NUMBER

\_\_\_\_\_

### 2. Policyholder to complete ABOUT YOU

Policyholder's address

Policyholder's name

Daytime telephone no

Email address

Postcode

Please tick here if this is different to the address on your Certificate of Insurance

### 3. Policyholder to complete ABOUT YOUR PET

Pet's date of birth / /

Male  Female

Pet's name

Is your pet insured with any other company? Yes  No

Pedigree name

If Yes, please state which company

Is your pet a Dog  Cat

Breed

### 4. Policyholder to complete PAYEE DETAILS

Cheques will be automatically made payable to the policyholder named on your Certificate of Insurance.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief

Please sign here **X**

### 5. Policyholder's general practitioner/hospital physician/surgeon to complete If this is not filled in your claim will be delayed

Patient's name Mr/Mrs/Ms

Date of the first visit to any doctor for this condition / /

G.P. practice name and address

Date of hospitalisation from / / to / /

Postcode

Medical condition requiring hospital treatment

Telephone no (incl. STD)

**I confirm that to the best of my knowledge the statements are true in every respect.**

Name and address of admitting hospital

Signature(s) of G.P./hospital physician/surgeon (please delete as applicable)

**X**

Postcode

Date / /

### 6. Boarding kennel proprietor/home carer to complete

Please attach receipts from kennels/home carer

Pet looked after by; Kennels  Receipt attached

Date of boarding/home care from / / to / /

Home carer  Written confirmation of payment from home carer attached

Boarding fees per day £ -

Owner's name Mr/Mrs/Ms

Total fees £ -

Name of kennel/home carer

**I confirm that to the best of my knowledge the statements are true in every respect.**

Signature(s) of boarding kennel proprietor/home carer (please delete as applicable)

**X**

Postcode

Date / /

Telephone no (incl. STD)

### IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- If the claim form is being faxed, please retain all original copies of the claim form and receipts.

- Please use a separate claim form for each pet.
- Please send completed forms, including copies of all receipts to: Scottish Pet Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.

Allianz Insurance plc underwrites the policy. Allianz Insurance plc is authorised and regulated by the Financial Services Authority (FSA). Allianz Insurance plc's FSA Register number is 121849. This can be checked by visiting the FSA website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

**INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER**