

1. About you

Name & address
 Postcode

Policy number

Daytime Phone Number Mobile phone number

Email

Pay Vet Policyholder

Contact ExoticDirect

If you require any assistance do not hesitate to contact us.
 Email: **claims@exoticdirect.co.uk**
 Telephone: 0345 982 5505

Filling in the Form

You (the policyholder) must fill in sections 1, 2, 3 & 4

Please ensure you write clearly, answering **ALL** questions.

Your Vet should fill in sections 5, 6 & 7 answering all relevant questions clearly.

Please send the fully completed form & any attachments to:

**Claims Department
 Exotic Direct
 35 Perrymount Road
 Haywards Heath
 West Sussex
 RH16 3BW**

* Attach separate sheet(s) if necessary.

You should keep copies of all correspondence sent with this form. We will not return any documents sent to us.

2. About your Pet

Pets name Species

Pets hatch/birth date DD / MM / 20YY Microchip/Ring Number/ID

Name and address of veterinary surgery where this pet has been registered before

 Postcode Telephone no.

Has your pet had any veterinary treatment in the last 12 months prior to this claim?
 Yes No If YES please give dates & brief details below*

Have you made any previously similar claim from us, or another insurer?
 Yes No If YES please give brief details below*

3. About this claim

Where was your pet at the time of the illness/accident?

Time & date pet was first noticed ill/injured am / pm DD / MM / 20YY

What were the symptoms?

For accident claims. What was the cause?

Time & date vet was contacted am / pm DD / MM / 20YY

Details of any action taken prior to advising vet*

4. Declaration Please read carefully before submitting

The above named pet is owned by me/us and, to the best of my/our knowledge & belief, the information provided in connection with this claim is true and I/we have not withheld any information. I/we understand that non-disclosure or misrepresentation of any information may entitle the Underwriters to void the claim.

I/we understand that the issue of this claim form is in no way an admission of liability by the Underwriters. I/we agree that any vet surgery has my/our permission to release any information you may ask about my/our pet.

(Please tick here to confirm that you have read and agree to the above declaration)

Print name Date DD / MM / 20YY
(Policyholder 1)

Print name Date DD / MM / 20YY
(Policyholder 2 if applicable)

5. Case History

What date was this animal first registered with your practice?

DD / MM / 20YY

Animal Treated

Have you treated this animal previously (other than for routine treatment)?

Yes No

Was this animal referred to your practice?

Yes No If YES please give name, address & telephone number of the referring practice

6. About This Claim

Date animal first seen Pertaining to this claim

DD / MM / 20YY

Is this a continuation of treatment

Yes No

Is any part of this claim for a condition the pet should be vaccinated against?

Yes No

(Date of last vaccination)

If YES were the pet's vaccinations up to date at the time of treatment?

Yes No

In connection with the treatment being claimed did you: *Make a house visit/charge an out of hours/emergency consultation fee?*

No Yes

If YES, why was the house visit, out of hours/emergency consultation necessary?

Condition 1

Amount claimed £

Treatment Dates for this claim:

From

DD / MM / 20YY

To

DD / MM / 20YY

Condition 2

Amount claimed £

Treatment Dates for this claim:

From

DD / MM / 20YY

To

DD / MM / 20YY

Condition 3

Amount claimed £

Treatment Dates for this claim:

From

DD / MM / 20YY

To

DD / MM / 20YY

Date pet died or was euthanased (delete as applicable)

DD / MM / 20YY

Practice Stamp

Please ensure this is legible with a telephone number

Please Note

The following documentation is required to support the claim(s):

- Detailed Invoice(s)
- A **Full Clinical History** from the date this pet was first registered with your practice. Unless submitted with a previous claim
- For subsequent claims a **Clinical History** for the dates being claimed.
- Any additional relevant documentation.

7. Declaration

I/we declare that all the above, and any attached information, is true and correct and that the treatment specified has been carried out on the animal detailed on this claim form. The fees charged are in accordance with my/our normal fee structure.

Signature

Position

Date

DD / MM / 20YY