

Claim Form for Emergency Repatriation/ Quarantine Expenses & Loss of Documents

Policy number:

Claim ref:

1a – Policyholder details (to be completed by the policyholder)

Name

Address
Address

Postcode

Home phone no.

Mobile phone no.

E-mail address

1b – Details of your pet (to be completed by the policyholder)

Name

Species

Breed

Date of birth

Date of purchase

2 – About your holiday (to be completed by the policyholder)

Holiday dates From To

Date booked

Date of return

Is your holiday insured with another company? Yes No

Destination

Reason for cancellation

If yes please provide details
Name of insurer

Policy no.

Phone number

Booking invoice attached

Cancellation invoice attached

Receipts for expenses attached

3 – Reason for claim (to be completed by the policyholder)

Pet fell ill or was injured during the journey Please complete section 4 and 7 and ask your vet to complete sections 8 and 9 and ask the Quarantine official to complete section 10 (if applicable)

Documents lost or stolen Please complete section 5 and 7

Microchip failed Please complete section 6 and 7 and ask the Quarantine official to complete section 10

4 – Illness during journey (to be completed by the policyholder)

Name of illness or injury

Cost of repatriation

£

Date first noticed injury or illness

D	D	M	M	Y	Y
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Cost for disposing of pet's body

£

Date of pet's death (if applicable)

D	D	M	M	Y	Y
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Accommodation costs

£

Travel costs

£

*** Please ensure relevant receipts and medical notes are enclosed ***

5 – Loss of documents (to be completed by the policyholder)

Please confirm which documents were lost

PETS Certificate

was this document...

Lost

Stolen

Pet passport

was this document...

Lost

Stolen

Certificate for treatment against parasites

was this document...

Lost

Stolen

Date documents lost

D	D	M	M	Y	Y
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Please state when replacement documents were issued

D	D	M	M	Y	Y
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Please state where the documents were lost or stolen from

Cost of replacing documents

£

Details of relevant authority notified of loss

Accommodation costs

£

Travel costs

£

Police or Operators report enclosed

*** Please ensure relevant receipts and reports are enclosed ***

6 – Microchip failure (to be completed by the policyholder)

Date of microchip failure

D	D	M	M	Y	Y
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Quarantine costs

£

Dates pet quarantined

From

D	D	M	M	Y	Y
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To

D	D	M	M	Y	Y
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7 – Policyholder declaration

I declare to the best of my knowledge and belief, the information I have given is both true and complete.

I agree that NCI Vetcover may seek any information it requires from any veterinary practice.

Your name

Signature

Date

D	D	M	M	Y	Y
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