Claim Form for Holiday Cancellation		Policy number:	
		Claim ref:	
1a – Policyholder detail	s (to be completed by the policyholder)	1b - Details of your pet (	(to be completed by the policyholder)
Name		Name	
Address	Address	Species	
		Breed	
	Postcode	Date of birth	D D M M Y Y
Home phone no.		Date of purchase	D D M M Y Y
Mobile phone no.			
E-mail address			
2 – About your holiday (	(to be complete by the policyholder)		
Holiday dates	From D D M M Y Y	Destination	
	To D D M M Y Y	Reason for cancellation	
Date booked	D D M M Y Y		
Date of return	D D M M Y Y		
Is your holiday insured with another company?	Yes No		
If yes please provide details	Name of insurer	Booking invoice attached	d
dotalio	Policy no.	Cancellation invoice atta	ched
	Phone number	Receipts for expenses a	ttached
3 – Policyholder declara	ation		
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.			
. ag. oo marris.	Your name		Signature
			Date D D M M Y Y
4 – Reason for cancellation (to be completed by the veterinary practice)			
Condition requiring treatment		Was lifesaving treatment required?	Yes No
When did this injury/illness begin?	D D M M Y Y	Date policyholder was informed treatment required	D D M M Y Y
5 – Veterinary declaration (to be completed by a registered veterinary practitioner/nurse)			
I declare that all the information I have given on this claim form is correct to the best of my knowledge and belief.			
Name		Vet stamp	
Position			
Signature	ignature		
Date D M M Y Y			