

Claim Form for Advertising and Reward/Theft and Straying

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 – Circumstances surrounding loss of pet (to be completed by the policyholder)

Please provide the first date and location that the pet was noticed as missing

Date

Time :

Location

If your pet has been recovered, please provide the date and location

Date

Time :

Location

Please provide details of the circumstances of loss (Please feel free to continue on a separate page if necessary)

3 – Details of who you reported the loss of your pet to (to be completed by the policyholder)

Authority loss reported to (Dogs only)

Written confirmation enclosed

Operator loss reported to if loss occurred during the course of a journey

Written confirmation enclosed

Booking invoice enclosed

Did you use a missing pet service? If so, please provide details.

Please advise us of any veterinary surgeries and/or rescue centres which the loss of your pet was reported to (Attach a separate sheet if necessary)

Name

Address

Postcode

Tel. no

Date

Did you offer a reward?

Yes

No

If yes, please state how much was offered

£

4 – Advertising and reward (to be completed by the policyholder)

Amount being claimed for advertising Copy of adverts enclosed

Amount being claimed for reward Receipt of reward paid (signed by the recipient)

Receipts enclosed

5 – Purchase details of the pet (to be completed by the policyholder – if cover applies)

Please allow 30 days from the loss of your pet before claiming for the value of your pet. PLEASE NOTE: If you are not claiming for advertising costs surrounding the loss of your pet, please provide evidence that suitable advertising was used.

Value of pet claiming for Pedigree certificate enclosed

Purchase receipt enclosed Kennel Club certificate enclosed

G.C.C.F certificate enclosed

6 – Policyholder declaration

I declare to the best of my knowledge and belief, the information I have given is both true and complete. I can confirm that the attending veterinary practice was notified within 24 hours that the pet was missing.

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

Date

7 – 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

Date