

## Claim form

To be completed and returned to: John Lewis Pet Insurance Claims, PO Box 1359, Peterborough, PE2 2QU  
 or for a quicker way of submitting your claim to us please email a scanned copy to claims@johnlewis-petinsurance.com

<p><b>A. About you (the Policyholder)</b></p> <p>If your name or address has changed, please tick <input type="checkbox"/>          (Please note that changes to your address may affect your premium)</p> <p>Your name, address and postcode</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Daytime tel <input style="width: 100%;" type="text"/></p> <p>Mobile tel <input style="width: 100%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p> <p><b>Policy number (must be completed)</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><small>If you provide us with your mobile number and email address, we can let you know we have received your claim form.</small></p>	<p><b>IMPORTANT INFORMATION – PLEASE READ</b></p> <p>Is this claim for a:</p> <p><input type="checkbox"/> <b>New Condition</b>  <small>Please complete all sections</small></p> <p><input type="checkbox"/> <b>Continuation Condition</b>  <small>Please complete sections A, B &amp; E</small></p> <p><small>If this claim is for a new condition please ensure that the pet's full medical history from all the vets that your pet has been registered with is submitted with the claim form.</small></p> <p><small>If this claim is for a continuation condition then please ensure that the medical history since the last claimed date of treatment is submitted with the claim form.</small></p> <p><b>PLEASE NOTE THAT IF ANY SECTION OF THE CLAIM FORM IS NOT FILLED IN, OR THE SUPPORTING INFORMATION IS NOT SUBMITTED, THIS WILL DELAY YOUR CLAIM.</b></p> <p><small>if you are claiming for continuation treatment you must submit claims every 3-6 months. Therefore, in order to save paper, you do not need to submit a claim for every visit to your vet but you can batch the invoices up.</small></p> <p><small>Your policy does not cover:</small></p> <ul style="list-style-type: none"> <li>• Any changes that you or your vet noticed in your pet's health or behaviour before the policy started or any condition that arise from those changes</li> <li>• Any accident that happened within the first 48 hours after the policy start date</li> <li>• Any condition that started within the first 14 days after the policy start date</li> </ul>	<p><b>B. About your pet</b></p> <p>Your pet's name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><small>* If you have more than one pet insured with us, please ensure you enter the correct pet's name and only one claim form per pet.</small></p> <p>Cat <input type="checkbox"/> Dog <input type="checkbox"/></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Breed</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date of birth <input style="width: 100%;" type="text"/></p> <p>Your pet's microchip number</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>How long have you owned the pet?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<p><b>C. About your pet's condition</b></p> <p>Please tell us when you noticed your pet was unwell or injured. If your pet has had the same or similar changes in health we require the first date.</p> <p>A description of the changes to your pet's health that you noted.</p> <p>Did you contact our 24 hour vetfone service for advice on your pet's condition before seeing your vet? Please call <b>0800 3167119</b> if required in the future.</p> <p>Was your pet under your care at the time of the illness/injury/incident?</p> <p>If no, please provide the name and address of any authorised third party looking after your pet at the time of the incident</p> <p>If your claim is for an injury, do you believe that another person was at fault? If so, please provide details separately Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Condition 1</b></p> <p>Time and Date</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input style="width: 100%;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p><b>Condition 2</b></p> <p>Time and Date</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input style="width: 100%;" type="text"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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<p><b>D. Your previous veterinary practices (Please tell us all vet(s) where your pet was previously registered)</b></p>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Practice name</td></tr> <tr><td>Address</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td>Postcode</td></tr> <tr><td>Phone number</td></tr> <tr><td>Date: from                      to</td></tr> </table>	Practice name	Address			Postcode	Phone number	Date: from                      to	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Practice name</td></tr> <tr><td>Address</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td>Postcode</td></tr> <tr><td>Phone number</td></tr> <tr><td>Date: from                      to</td></tr> </table>	Practice name	Address			Postcode	Phone number	Date: from                      to	<p>Please tell us your name and address at that time, if it was different to the name and address in Section A</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Postcode</p>
Practice name																
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<p><b>E. Your signature, who to pay and Data Protection notice (Please complete boxes a. b. &amp; c. to tell us who to pay)</b></p> <p>I declare, to the best of my knowledge and belief, that all the information provided in this form is true and complete. I agree that John Lewis Pet Insurance may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to John Lewis Pet Insurance in connection with managing and handling claims.</p>		
<p><b>a. Who would you like us to pay:</b></p> <p><input type="checkbox"/> Policyholder <input type="checkbox"/> Joint policyholder  <input type="checkbox"/> Vet/Organisation</p> <p><small>There is no guarantee that we pay your vet direct. Please confirm with your vet that they can deal directly with John Lewis Insurance.</small></p> <p>Payee name _____</p>	<p><b>b. How would you like to be paid:</b></p> <p><small>If you pay your premium by Direct Debit, we will pay any settlement into that account by electronic transfer.</small></p> <p><small>If you would like to opt out of this and receive a cheque payment, please tick below.</small></p> <p><input type="checkbox"/> Cheque – For joint policy holder, vet or to opt out of electronic payment.</p>	<p><b>c. Your signature:</b></p> <p><input type="checkbox"/> Policyholder  <input type="checkbox"/> Joint policyholder</p> <p>Signature: _____</p> <p>Date: _____</p>

**Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. Electronic payment option is only available if payment is to be made to the policyholder and you pay your premium by direct debit.**

**IF ANY REQUIRED INFORMATION IS NOT RECEIVED THEN THERE WILL BE A DELAY IN PROCESSING THE CLAIM**

If the condition being claimed for is new please complete all sections and enclose a full medical history for the pet.  
 If the condition is ongoing please complete the sections with the grey box and enclose the medical history since the last claimed date of treatment.

**F. Your vet must fill in this section about each condition**

Please advise when the pet was registered at your practice

Date

If this pet was referred to you, please advise the name and address of the registered vet which referred it, and submit the referral letter/report with this claim.

Postcode

If a house call was made, you must confirm below why it was absolutely essential.

If the pet was seen out of hours please confirm why this was and whether the treatment could have waited until normal surgery hours.

What is the diagnosis of the condition (if no diagnosis has been made please provide the main clinical signs)

**Condition 1**

Please tell us the treatment dates for this claim

From  To

Is this claim for a continuation of treatment?

Yes  No

If yes, please advise the previous dates of treatment

From  To

Did the condition being claimed for result in the death or euthanasia of the pet?

Yes  No

The body condition score for the pet.

Scale 1-5 (tick to complete)

Scale 1-9 (tick to complete)

**Condition 2**

From  To

Yes  No

From  To

Date of death

Body Score

If this claim is for a cruciate rupture, is this solely the result of a trauma  or is there any breed predisposition, underlying disease or conformational issue?

Please tell us the date that the clinical signs were first noticed (as noted on your clinical records). Date

Date

Has this pet had this condition or clinical signs before, or any related condition or clinical signs before? Yes  No

Yes  No

**(If 'Yes' we will need the medical history to show the dates and full details)**

**Condition 1**

Please advise the cost of treatment incl. VAT

**Condition 2**

**G. The attending vet or a person authorised by the vet must fill in and sign this section**

I declare to the best of my knowledge and belief, that all information provided in this claim form is true and complete.  
 The fees I have charged are no more than the fees I would normally charge my clients.

Name:  Position in the Practice:

Email Address:

Signature:  Date:

Practice Stamp

Postcode:

**IMPORTANT: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. The costs must be clearly apportioned between each condition being claimed for. Please do not use highlighter pen to apportion costs.**

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