

# How to claim in 2 easy steps

**Step 1:** Please complete the claim form on the following page.

**Step 2:** Send the form with all necessary documentation via email to [petclaims@covermy.co.uk](mailto:petclaims@covermy.co.uk). To expedite your claim, we recommend sending us all documents electronically.

## Claim checklist

*Before sending in your claim form, please ensure the following:*

You have fully completed all sections on this claim form.

You have attached the full itemised invoice(s) and treatment notes from the veterinary practice or therapist.

**If this is your first claim, your last claim was more than 12 months ago or if in doubt, please provide**

The full clinical history from both current and previous veterinary practices.

**Note:** We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

**Tip:** Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## How your claim will be paid

- ▶ If you wish for us to pay you, the policyholder direct, please add your bank details in the payment options section of the claim form. Please note, we can only pay benefits to the policyholder(s).
- ▶ If you want us to pay your vet, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

## Contact us

If you have any questions about your claim please call us on **0208 626 9454** (between 9:00 - 17:00 Mon - Fri) or email us at [petclaims@covermy.co.uk](mailto:petclaims@covermy.co.uk)

# Veterinary Fees Claim Form

Claim received on  
(Petcover use only):

Please complete the claim form and forward to us with the relevant documents to [petclaims@covermy.co.uk](mailto:petclaims@covermy.co.uk)

## Section 1. Your details

Policy no. : Your name:  
Contact no. : Email:  
Address: Postcode:  
Pet's name: Pet's date of birth:  
Is this pet insured with any other company? Yes No  
If yes, what is the name of the insurance company?

## Section 2. About the illness or injury

<sup>1</sup>(Include dates of previous related or similar conditions)

Is this claim a continuation of a previous claim? Yes No

Condition being claimed for	Treatment date	Dates of first clinical signs <sup>1</sup>	Total charge
			£
			£
			£
			£

## Section 3. Payment options and declaration

**Payment** Please choose ONE of the following:

**Payment into bank account.** Please note: We can only pay the named policyholder bank account directly, please confirm these details in full below.

**Paid to your vet.** We/I have arranged with our/my vet to have the policy benefit(s) paid directly to the veterinary practice, less the applicable excess amount and any other non-claimable items. We/I understand and agree that this payment option is only available if all parties (i.e. the veterinary practice, Petcover, Cover My Pet and the policyholder(s)) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account holder name: Sort code: Account number:

### Declaration

I authorise Cover My Pet and Petcover to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Cover My Pet and Petcover with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

Please tick here, if you have read and acknowledged the above declaration. Date:

Cover My Pet | Petcover | [petclaims@covermy.co.uk](mailto:petclaims@covermy.co.uk) | 0208 626 9454

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