

## Ongoing vet treatment claim form

To be completed and returned to: John Lewis Pet Insurance Claims, PO Box 10482, BIRMINGHAM B3 2WX, or for a quicker way of submitting your claim to us please email a scanned copy to [claims@johnlewis-petinsurance.com](mailto:claims@johnlewis-petinsurance.com)

### A. About you (the Policyholder)

If your name or address has changed, please tick

Name, address and postcode

If you provide us with your mobile number and email address, we can let you know we have received your claim form.

Telephone number (mobile preferred)

Email

Policy number

**Please note that this claim form is for ONGOING VET FEE CLAIMS only.** If your claim is for a new condition, please visit our website [www.johnlewis-insurance.com/pet](http://www.johnlewis-insurance.com/pet) for the correct claim form. Select 'How to make a claim'. On the next screen select 'Pet Insurance claims', then click on the link to download a claim form.

You and your vet must sign the form if your claim is for an ongoing condition that is not medication only.

**Claims for ongoing medication only** – If you are claiming for medication only, it is not necessary for your veterinary surgeon to complete Section E.

### B. About your pet

Your pet's name (\*multipet)

\* 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.

### C. About your pet's condition (must be completed by the policyholder)

Name of condition as advised by your vet.

Condition 1

Condition 2

Please provide the treatment dates for this claim.

From

To

From

To

Please advise the cost of treatment incl. VAT. if known

## D. Your signature and who to pay

(Policyholder – please complete one of the following boxes (a, b or c) to tell us who to pay)

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.

a. Please pay my claim direct to me:

Printed name:

Policyholder's signature

Date:

b. Please pay my claim direct to my vet:

Printed name:

Policyholder's signature

Date:

c. Please pay my claim direct to the person named below:

Printed name:

Policyholder's signature

Date:

**Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet. BACS (Bankers Automated Clearing System) payment option is only available if payment is to be made to the policyholder or if you pay your premium by direct debit.**

## E. The attending vet or a person authorised by the vet must fill in and sign this section only if the claim contains treatment costs that are not for medication

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.

Printed Name:

Signature:

Date:

Practice Stamp

Postcode:

Please note that the Veterinary Surgeon does not have to be an appointed representative of John Lewis Pet Insurance in order to fill in this section of the claim form for you because it is not a regulated activity under Financial Conduct Authority regulations.

**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. This can be either an itemised computer printout or an itemised invoice which must state fees for consultations, prescription charges, hospitalisation, X-rays, tests/pathologies, general anaesthetic, surgery, medication and any other fees charged. The Veterinary Surgeon must apportion costs clearly for each illness or injury on the itemised breakdown.**

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. 453989 (11-13)