



Saga Pet Insurance claim form

Please return completed form to: Saga Pet Insurance claims,
5th floor, The Connect Centre, Kingston Crescent, North End, Portsmouth PO2 8DE.
Fax: 0843 309 4513

Important

Saga Pet Insurance does not cover the following veterinary treatment:

- a) Any pre-existing condition/illness/injury, or one shown on the Schedule as excluded
- b) Any illness or condition, arising prior to, or within 14 days of, the policy start date
- c) Preventative, elective treatments and routine examinations
- d) Non-essential hospitalisation and/or house calls unless the vet declares that to move your pet would endanger its health
- e) Dental treatment, other than required as a result of injury.

Please check Policy Terms and Conditions for full details of what is and isn't covered.

Section 1 – This section and section 3 to be completed by the policyholder

Title	<input type="text"/>		
Surname	<input type="text"/>	Forename	<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	Postcode	<input type="text"/>	
Home tel number	<input type="text"/>		
Policy number	<input type="text"/>	Cover level	<input type="text"/>
Start date	<input type="text"/>	Policy dates	<input type="text"/>
Pet name	<input type="text"/>	Breed	<input type="text"/>
Age of pet	<input type="text"/>	Sex of pet	<input type="text"/>
Purchase price of pet £	<input type="text"/>	First date of relevant illness/injury/condition	<input type="text"/>

Please provide a brief description of illness/injury/condition:

Is your pet currently covered by another insurance policy? Yes ☐ No ☐

If 'Yes', please give name of insurer

Policy number Expiry date

Has your pet been microchipped?

Yes ☐ No ☐ If 'Yes', please provide microchip number

Please complete section 3 after section 2 has been completed by your veterinary surgeon.

Section 2 – to be completed by the veterinary surgeon

Age of pet How long have you been treating the animal?

If this is a referral, please state name and address of practice that referred case:

Practice name

Address

Postcode

Tel number

Date

Diagnosis

Treatment

Cost (inc VAT) £

Has the animal received treatment for any of the above, or any related conditions before? Yes ☐ No ☐

If 'Yes', please give details:

Is this a continuation claim? Yes ☐ No ☐

Has the pet died as a result of the illness/injury/condition stated above? Yes ☐ No ☐

Declaration by veterinary surgeon:

Veterinary practice stamp and VAT number

I certify to the best of my knowledge that all relevant information in Section 2 of this form is correct and, in my opinion, the condition treated was not present on the policy start date. I also confirm that, in my opinion, the fees charged are the normal amount relating to this matter.

Signed

Date

Print name

A full clinical history and itemised receipt or account must be enclosed.

Section 3 – to be completed by the policyholder

Should we make payment direct to the veterinary surgeon? Yes ☐ No ☐

If 'No', payment will be made to the policyholder. Please complete your bank details below.

If you would like your claim payment to be settled straight into your bank account by BACS (Bankers Automated Clearing Services) please provide the details here.

Account holder name

Sort code -

Account number

If bank details are not provided, payment will be made by cheque.

If we pay your claim by BACS a confirmation e-mail will be sent once processed. If we do not hold your e-mail address it will be sent by post.

Declaration

- i. I declare that all details provided herein represent a true and accurate statement of details pertaining to my claim and I have not omitted any details pertinent to the circumstances of this claim.
- ii. I understand and agree that information relevant to my claim(s) may be obtained from, and shared with, my vet in order for my claim(s) to be administered.
- iii. I declare that where a claim involves a potential refund from other insurers or a third party, I hereby authorise them to remit any refund to my insurer.
- iv. I understand that, in the event this claim is found to be fraudulent, in whole or in part, this will invalidate the policy and may render me liable to prosecution.

Signed

Date

Print name