

How to claim – documents required help sheet

To enable us to assess your claim we will require the following:

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Veterinary Fees	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	A full clinical history from your Veterinary Surgeon.	<input type="checkbox"/>
	An Itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/>
Loss by Theft or Straying	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	<input type="checkbox"/>
	Name and telephone number of rescue centres or dog warden you have contacted.	<input type="checkbox"/>
Advertising & Reward	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Searches fee invoice if appointed.	<input type="checkbox"/>
	Receipts for stationery used.	<input type="checkbox"/>
	The finder of your pet detailing the reward you gave.	<input type="checkbox"/>
Death Benefit	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	<input type="checkbox"/>
	Name and telephone number of witness where applicable.	<input type="checkbox"/>
Pet Funeral and Cremation Fees	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	Purchase receipt from the breeder or donation receipt if adopted through a rescue organisation.	<input type="checkbox"/>
	An Itemised invoice/receipt showing the cremation or funeral costs.	<input type="checkbox"/>

What are you claiming for?	Documents we require	Enclosed (Tick to confirm)
Overseas Travel	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	A full clinical history from your Veterinary Surgeon.	<input type="checkbox"/>
	An Itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/>
Pet Holiday Delay	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	Travel operator (or similar) receipts or invoice of costs.	<input type="checkbox"/>
Holiday Cancellation	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Travel operator (or similar) confirmation letter of cancellation and costs charged.	<input type="checkbox"/>
Emergency Repatriation Whilst Abroad	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon.	<input type="checkbox"/>
	An Itemised invoice/receipt from transport company (or similar).	<input type="checkbox"/>
	Accommodation invoice if applicable.	<input type="checkbox"/>
Emergency Boarding	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Kennel or cattery invoice.	<input type="checkbox"/>
	Letter from your GP or hospital confirming the dates you were hospitalised.	<input type="checkbox"/>
Loss of pet Passport	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	An Itemised invoice/receipt detailing replacement costs.	<input type="checkbox"/>
Quarantine Costs	Claim form fully completed and signed by you (the named policyholder).	<input type="checkbox"/>
	Documentation detailing the reason for quarantine.	<input type="checkbox"/>
Third Party Legal Liability (Dogs only)	You will need to complete a Liability Claim Form; please contact us to obtain a copy or download a copy from https://www.legalandgeneral.com/_resources/pdfs/insurance/pet/third-party-liability-claim-form.pdf .	<input type="checkbox"/>



Important: Please refer to your policy terms and conditions and exclusions which shows the level of cover you have in place for your pet and what benefits are available to you. Not all of the benefits listed here are claimable on certain policies.

Claim Form

In the interests of our policyholders, we operate an active policy of preventing, detecting and prosecuting all types of fraud.

Please make sure the information you provide is accurate, as false, inaccurate or out-of-date information may lead to a claim being invalid and details being passed on to fraud prevention agencies to prevent fraud and money laundering.

Please return your completed form to us by email to petclaims@landg.com or post to Fairmead Insurance Limited Claims, Unit 44, Walkers Road, Moons Moat North, Redditch B98 9HD.

1 Policyholder to Complete:

Policyholder's Full Name:

Occupation:

Policy Number:

Home address:

Postcode:

Telephone:

Email address:

Your Pet's Breed:

Your Pet's Age:

					Pet Sex:	

2 Veterinary Fees Section: Policyholder to Complete:

Please give the date you first noticed your Pet was unwell – this may well be before you contacted your veterinary practice

Your claim may well be delayed if we do not have this information

Condition description:								
Is this a continuation claim?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Date you noticed your pet was unwell:	D	D	M	M	Y	Y	Y	Y
Has the illness resulted in death of your Pet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Date of death:	D	D	M	M	Y	Y	Y	Y

3 Loss by Theft or Straying section: Policyholder to Complete:

Where did you purchase your pet?

Breeder Charity

Other

Address:

Please give us the details of the police station or warden this was reported to:

Date Reported:

D	D	M	M	Y	Y	Y	Y
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Report No./Crime Ref:

Name and Address:

4 Advertising and Reward Section: Policyholder to Complete:

Have you used a search company?

Yes No

If yes, address:

What costs relate to advertising materials?

£

What reward amount has been offered? £

Name and address of finder:

Finder's relation to you:

5 Death Benefit Section: Policyholder to Complete:

Where did you purchase your pet?

Breeder Charity

Other

Address:

Date you noticed your pet was unwell:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

6 Pet Funeral and Cremation Fees Section: Policyholder to Complete:

Please provide details of the Pet Crematorium or Funeral Service, including name and address:

[Empty text box for details of the Pet Crematorium or Funeral Service, including name and address.]

Please include any itemised receipts, invoices and documentary evidence of costs incurred.

7 Overseas Travel Section: Policyholder to Complete:

Destination:

Date booked:

Travel Start Date:

Occasions of overseas travel this year:

[Empty text box for Destination]

[Date selection grid: D D M M Y Y Y Y]

[Date selection grid: D D M M Y Y Y Y] Travel End Date: [D D M M Y Y Y Y]

[Empty text box for Occasions of overseas travel this year]

8 Pet Holiday Delay Section: Policyholder to Complete:

Destination:

Date booked:

Travel Start Date:

Occasions of overseas travel this year:
Please give the reasons and duration of delay included receipts:

[Empty text box for Destination]

[Date selection grid: D D M M Y Y Y Y]

[Date selection grid: D D M M Y Y Y Y] Travel End Date: [D D M M Y Y Y Y]

[Empty text box for Occasions of overseas travel this year]

[Empty text box for reasons and duration of delay]

9 Holiday Cancellation Section: Policyholder to Complete:

Destination:

Date booked:

Travel Start Date:

Number of Holidays taken:

Reason for Cancellation:

Travel expenses claimed – receipts required:

[Empty text box for Destination]

[Date selection grid: D D M M Y Y Y Y]

[Date selection grid: D D M M Y Y Y Y] Travel End Date: [D D M M Y Y Y Y]

[Empty text box for Number of Holidays taken]

[Empty text box for Reason for Cancellation]

[Empty text box for Travel expenses claimed – receipts required]

10 Emergency Repatriation Whilst Abroad Section: Policyholder to Complete:

Please provide reason for repatriation and details of costs:

[Empty text box for reason for repatriation and details of costs]

GP to complete:

Patient Name:

Relationship
to patient:GP Practice
and address:Name and
address of
admitting
hospital:Description of
condition:

Date of first visit to GP for this condition:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Hospitalisation from:

To:

I certify that, to the best of my knowledge all the information contained on this form is correct

GP to Sign and Date:

~~X~~

Date:

D	D	M	M	Y	Y	Y	Y
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Print Name:

Boarding Kennel Owner
to complete:Name and
Address:

Boarding From:

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

To:

Boarding fees per day:

Total Fees:

I certify that, to the best of my knowledge, all the information contained on this form is correct

Boarding Kennel
Owner to Sign
and Date:~~X~~

Date:

D	D	M	M	Y	Y	Y	Y
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Print Name:

12 Loss of Pet's Passport Section: Policyholder to Complete:

Date passport was first noted as missing:

D	D	M	M	Y	Y	Y	Y
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Date Loss reported to Vet:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Travel Start Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Travel End Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Total Costs:

£

Please include any itemised receipts, invoices and documentary evidence of costs incurred.

13 Quarantine Costs Section: Policyholder to Complete:

Date microchip was last checked:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First date of travel:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Total Kennelling Costs:

£

Please give reasons for quarantine:

Please include any itemised receipts, invoices and documentary evidence of costs incurred.

14 Third Party Legal Liability (Dogs only)

You will need to complete a specific third party liability claim form; please contact us to obtain a copy or download a copy from https://www.legalandgeneral.com/_resources/pdfs/insurance/pet/third-party-liability-claim-form.pdf

15 Payee details: Policyholder to complete:

By signing this form I authorise Fairmead Insurance Limited to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Fairmead Insurance Limited with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct.

Please complete one of the following. Please note we will not pay your Vet unless we have previously agreed to do so. Please check with your vet.

Signed:

Dated:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

1 Pay the policyholder electronically.

Tick:

This payment will be made to the bank account from which your premium is collected. If you would prefer the payment to be made to another account, please provide the details:

Account Name:

Account Number:

Sort Code: - -

If you would prefer a cheque payment please tick here:

When was the pet first registered at your practice:

If this pet has been referred please give the name, address and telephone number of the practiced referred this pet:

Name:

Address:

Telephone number:

In connection to the treatment claimed did you:

Make a **House visit**? Yes No

Or provide **out of hours treatment**? Yes No

If Yes, please detail why necessary:

Is any part of this claim for a condition the pet can be vaccinated against?

Yes No

If yes, were the pet's vaccinations up to date at time of treatment?

Yes Date of last vaccination: No Don't know

Is any part of this claim for dental treatment?

Yes No

If Yes, was this caused by injury?

Vet stamp here:

Name of the illness or injury (if no diagnosis has been made please give clinical signs):

Is this a continuation claim?

Yes No

If yes please contact us to obtain a continuation claim form or download a copy from https://www.legalandgeneral.com/_resources/pdfs/insurance/pet/continuation-claim-form.pdf

Treatment from:

To:

Did death or euthanasia result from this illness or injury?

Yes No

Date of death:

If the pet was put to sleep, did you recommend this?

Yes No

When did this illness or injury begin? (as noted on your records)

D D M M Y Y Y Y

To your knowledge has this pet been seen before for:

This illness or injury? Yes No

Any similar or related illness or injury? Yes No

Any similar or related clinical sign(s)? Yes No

If Yes, please provide the history with dates:

[Empty text box for history with dates]

Total amount claim (inc. VAT):

£

The practice accepts electronic payment Yes No

I can confirm that I am authorised to provide the vet practice details below and that the information provided is correct to the best of my knowledge

Account Name:

Sort Code: - -

Account No:

Name:

Signature: X

Date: D D M M Y Y Y Y

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