



Pet Insurance Claim Form For Veterinary Fees

Please send this form to Atlas Insurance PCC Limited – Ta' Xbiex Seafront, Ta' Xbiex, Malta. Do not forget to attach original accounts (invoices or receipts) where applicable. PLEASE FILL IN ALL DETAILS and use BLOCK capitals throughout.

Policy No.

Making a claim

Please follow these instructions carefully to ensure that your claim will be processed efficiently and without any need for further clarification.

1. Your Veterinary practice must complete section 4 of this claim form.
2. Claims should be submitted as soon as possible and not later than 2 months from the date veterinary treatment was received or expenses were incurred and must include the invoices and/or receipts from the veterinary practice which show what you are claiming for.
3. If the claim is for treatment in an agreed country, you should provide also the booking invoice for your journey or any other official documents which show the dates of your journey.
4. Contact Atlas Insurance PCC Ltd BEFORE receiving Veterinary treatment which involves an overnight stay in any clinic or hospital or a surgical procedure (including any dental procedure) involving the administration of general anaesthetic.
5. We recommend that you photocopy the completed form and any enclosures for your records.
6. We are unable to accept original receipts where alterations have been made unless such alteration is signed by the person issuing the receipt.

1. About You - to be completed by Policyholder(s)

Policyholders' Full Name ID. Card No.

Postal Address

Telephone No. Mobile No.

Email Address

2. About Your Pet - to be completed by Policyholder(s)

Your Pet's Name Microchip Number

Male Female Dog Cat

Breed

If your pet has been seen at more than one veterinary practice, please provide details here.

A. Name

Address

B. Name

Address

Name of the illness or injury you are claiming for (in your own words)

Is this the first claim for this condition

Yes No

Date when you first noticed any signs

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If your pet has been injured, please tell us how it happened

Is this claimable from any other source (ie another insurance company)?

Yes No

3. Insured's Direct Credit Details

Please complete your bank details if you wish us to transfer claim settlement into your bank account.

Bank Account details

Name of Bank

Country

IBAN No.

5. About the Illness or Injury - to be completed by treating Vet

Name of the illness or injury, or state the clinical signs if you have not yet made a diagnosis

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When was this pet first registered with your practice?

Date

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When did this illness or injury first begin
(as noted by you, by the client or on the pet's record)?

Date

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If any part of this claim is for dental treatment, please give the dates of the last two annual dental checks (from the previous two years), prior to the dental treatment being claimed for

Date

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Was any dental treatment necessary at this time?

Yes

No

If 'Yes', was it carried out at the time?

Yes

No

Did you make house visits in connection with the treatment being claimed for?

Yes

No

Why were the house visits necessary?

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If the pet was referred to you, please give the name and address of the referring practice.

Name

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Address

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Signature _____

Date

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Stamp _____

Tel No.

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5. For overnight stays in any clinic or hospital - to be completed by Hospital official

Hospital

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Date of admission

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Time am

pm

Date of discharge

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Time am

pm

Signature of hospital official _____

Date

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Official's position _____

Hospital stamp _____