

# 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)
<b>Veterinary Fees</b>	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"/>
<b>Loss by Theft or Straying</b>	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"/>
<b>Advertising &amp; Reward</b>	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"/>
<b>Death Benefit</b>	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"/>
<b>Pet Funeral and Cremation Fees</b>	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)
<b>Overseas Travel</b>	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. A full clinical history from your Veterinary Surgeon. An Itemised invoice/receipt showing all the treatment carried out.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Pet Holiday Delay</b>	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. Travel operator (or similar) receipts or invoice of costs.	<input type="checkbox"/> <input type="checkbox"/>
<b>Holiday Cancellation</b>	Claim form fully completed and signed by you (the named policyholder). Travel operator (or similar) confirmation letter of cancellation and costs charged.	<input type="checkbox"/> <input type="checkbox"/>
<b>Emergency Repatriation Whilst Abroad</b>	Claim form fully completed and signed by you (the named policyholder) and your Veterinary Surgeon. An Itemised invoice/receipt from transport company (or similar). Accommodation invoice if applicable.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Emergency Boarding</b>	Claim form fully completed and signed by you (the named policyholder). Kennel or cattery invoice. Letter from your GP or hospital confirming the dates you were hospitalised.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Loss of pet Passport</b>	Claim form fully completed and signed by you (the named policyholder). An Itemised invoice/receipt detailing replacement costs.	<input type="checkbox"/> <input type="checkbox"/>
<b>Quarantine Costs</b>	Claim form fully completed and signed by you (the named policyholder). Documentation detailing the reason for quarantine.	<input type="checkbox"/> <input type="checkbox"/>
<b>Third Party Legal Liability (Dogs only)</b>	You will need to complete a Liability Claim Form; please contact us to obtain a copy or download a copy from <a href="https://www.legalandgeneral.com/_resources/pdfs/insurance/pet/third-party-liability-claim-form.pdf">https://www.legalandgeneral.com/_resources/pdfs/insurance/pet/third-party-liability-claim-form.pdf</a> .	<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, Legal & General operates 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](mailto:petclaims@landg.com) or post to L&G Pet Claims, PO Box 1340, Peterborough PE2 2QB.

## 1 Policyholder to Complete:

Policyholder's Full Name:

Occupation:

Policy Number:

Home address:

Postcode:

Telephone:

Email address:

Your Pet's Breed:

Pet Sex:

Your Pet's Age:


## 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  No

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  No

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:

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:

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

Travel End Date: 

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

**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:

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

Travel End Date: 

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

**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:

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

Travel End Date: 

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

**10 Emergency Repatriation Whilst Abroad Section: Policyholder to Complete:**

Please provide reason for repatriation and details of costs:

**Emergency Boarding Section:**

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
---	---	---	---	---	---	---	---

Hospitalisation from: 

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

To: 

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

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
---	---	---	---	---	---	---	---

Print Name:

Boarding Kennel Owner to complete:

Name and Address:

Boarding From: 

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

To: 

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

Y

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: 

--	--	--	--	--	--	--	--

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
---	---	---	---	---	---	---	---

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](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 Legal & General to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Legal & General 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:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

If you would prefer a cheque payment please tick here:

When was the pet first registered at your practice:

D D M M Y Y Y Y

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:

[Text area for detailing 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: D D M M Y Y Y Y No Don't know

Is any part of this claim for dental treatment?

Yes No

If Yes, was this caused by injury?

[Text area for injury details]

Vet stamp here:

[Vet stamp area]

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

[Text area for illness or injury name]

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:

D D M M Y Y Y Y

To: D D M M Y Y Y Y

Did death or euthanasia result from this illness or injury?

Yes No

Date of death:

D D M M Y Y Y Y

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