SAGA

# CLAIM FORM FOR MEDICATION PURCHASED ONLINE

**Please complete using a black pen and block capitals.**

**Are you completing this form for a:**

New illness or injury ☐ Complete ALL sections clearly and in full

Continuation illness or injury ☐ Complete shaded sections only

For Saga Pet Insurance use only

**We're happy to help!**

If you need any help completing this form, please visit www.pet.saga.co.uk/existing-customers

## 1. Policyholder to complete - **Policy number**

| Reference letters **not** required | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|

## 2. Policyholder to complete - **About you**

| | | | |
|---|---|---|---|
| Policyholder's surname | | Policyholder's address | |
| First name | | | |
| Contact no. | | | |
| Email address (Required for electronic payments) | | Postcode | |
| | | **Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.** ☐ | |

## 3. Policyholder to complete - **About your pet**

| | | | |
|---|---|---|---|
| Pet's name | | Pet's date of birth | ...../...../..... |
| Breed | | When did you take on ownership of your pet? | ...../...../..... |
| Male ☐ Female ☐ | | | |

## 4. Policyholder to complete - **Details of your pet's illness/injury**

For each condition you are claiming for, please tell us the name of the medication you purchased online and the details of the vet who prescribed this medication.

| **Condition 1** | | **Condition 2** | |
|---|---|---|---|
| Condition name | | Condition name | |
| Name of medication purchased online | | Name of medication purchased online | |
| Total £ | | Total £ | |
| I confirm I have attached a copy of the prescription(s) ☐<br>I confirm I have attached a copy of the online invoice ☐ | | I confirm I have attached a copy of the prescription(s) ☐<br>I confirm I have attached a copy of the online invoice ☐ | |
| Details of the vet who prescribed this medication | | Details of the vet who prescribed this medication | |
| Practice name | | Practice name | |
| Practice address<br><br>Postcode | | Practice address<br><br>Postcode | |
| **If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.** | | **If you were prescribed medication by 2 different vets, please provide the vet details and a copy of the prescription for each.** | |
| Did the illness or injury result in the death of your pet? | Yes ☐ No ☐ | Did the illness or injury result in the death of your pet? | Yes ☐ No ☐ |
| Date of death | ...../...../..... | Date of death | ...../...../..... |

## 5. Policyholder to complete - **Payee details**

**Direct Debit customers** – Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in section 2 to avoid delay in settlement.

| **Please sign here**<br>✗ | Print your name<br>Date ...../...../..... |
|---|---|

By signing this form I confirm I have checked the information given and that it is correct to the best of my knowledge.

**Important note**

- Please include all required documentation.
- Please use a separate claim form for each pet.
- Please send completed claim forms, including copies of all receipts and prescriptions to: **Saga Pet Insurance, PO Box 283, Sheffield, HD8 1GE**. Email: claims@petinsurance.saga.co.uk.
- We may contact you about this claim and future claims by letter, text message or email, using the contact details we have on file for you.

**Incomplete claim forms will be returned to the policyholder and this will delay your claim**

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