SAGA

PRE-AUTHORISATION OF POSSIBLE CLAIM

Please complete using a black pen and block capitals.

Once we receive this form, we'll tell you within 3 working days whether the proposed treatment is covered by the Terms and Conditions of the policy. Once confirmed, simply send us the invoice quoting the claim number when the treatment is complete.

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		Date you first owned your pet	...../...../.....
Pedigree name		Pet's date of birth	...../...../.....
Is your pet a	Dog ☐ Cat ☐	Is your pet insured with any other company?	Yes ☐ No ☐
	Male ☐ Female ☐	If **Yes**, please state which company	
Breed			

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

What condition is the treatment for?		**Please give us details of ALL other vet practices and charities that your pet has been registered with.** (If there is not enough space please use a separate piece of paper.)	
		Name	
		Address	
Please tell us the date you first noticed any signs that your pet was unwell or injured.	Date ...../...../.....	Postcode	
		Telephone no.	
		Date from ...../...../..... to ...../...../.....	

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

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

Who would you like us to pay?

Please note we will not pay your vet unless we have previously agreed with them to do so. Please check with your vet.

Please complete **one** of the following	**Please sign here** ✗	
☐ **Pay the vet direct** I have checked with the vet and would like this claim paid directly to them. Practice name	Print your name	Date ...../...../.....
☐ **Pay policyholder(s)** **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.		

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This section must be completed by the vet

6. Vet practice to complete - **About the illness or injury**

When was this pet first registered at your practice?	...../...../.....	To your knowledge has the pet been seen before for:	
Name of the illness/injury or the clinical signs if no diagnosis has been made		This illness or injury	Yes ☐ No ☐
Is the pet booked in for treatment?	Yes ☐ No ☐	Any similar or related illness or injury	Yes ☐ No ☐
If **Yes** - please give the date	...../...../.....	Any similar or related clinical signs	Yes ☐ No ☐
What procedure or treatment are you pre-authorising and why?		If **Yes**, please provide the history with dates	
			Date ...../...../.....
			Date ...../...../.....

7. Vet practice to complete - **General information**

Please provide the details of the primary vet practice		Will the treatment be carried out at the primary vet practice?	Yes ☐ No ☐
Name		If **No**, please provide the name and address of the practice where the treatment will be carried out.	
Address Postcode		Name	
		Address Postcode	
Telephone no.		Telephone no.	
Email		Email	

8. Vet practice to complete - **Attachments**

You must enclose the following:	**Without this information we will not be able to process this pre-authorisation request and paperwork will be returned**
Full clinical history from the primary and referral vet practices ☐	
Full clinical history from the charity if applicable ☐	
A description and breakdown of the estimated treatment costs ☐	
Referral letter, if you have one ☐	

9. Vet practice to complete - **Declaration by the vet practice**

This practice is authorised to have claims paid direct	Yes ☐ No ☐	**Vet stamp**
By signing this form I confirm I have checked the information on this claim form and it is all correct to the best of my knowledge.		
Name		
Position in practice		
Saga Pet Insurance Practice no.		Signature
Email address		✗ Date ...../...../.....

If you would like to submit this information by email, please send to 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 provided on this form.

Important note -

- Please include all required documentation, including original invoices. If this is the first claim, please include a full clinical history.
- Please use a separate claim form for each pet.
- Please send completed claim forms, including copies of all receipts and vet histories to: **Saga Pet Insurance, PO Box 283, Sheffield, HD8 1GE**. Email: claims@petinsurance.saga.co.uk

Any questions that are not answered fully could delay our reply

Saga Pet Insurance is arranged, underwritten, and administered by Allianz Insurance plc (Registered in England and Wales No. 84638) Registered office: 15 Bishopsgate, London, EC2N 3AR. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 121849.

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