



Scratch & Patch

Scratch & Patch Claims

PO Box 800

Elland

HX1 9ET

Telephone 0330 1026839

Email [claims@scratchandpatch.co.uk](mailto:claims@scratchandpatch.co.uk)

## Pet insurance claim form

All claims should be notified to us within 60 days of any incident. We will not pay any claims for vet bills that are 12 months old or older when they are sent to us.

Please use this form for all claims except third party claims. If you want to notify us of or make a third party liability claims please use the specific claim form which is available from [www.scratchandpatch.co.uk](http://www.scratchandpatch.co.uk) or telephone 0330 1026839.

For all other claims please return this claim form **fully completed, signed by you and the treating vet and stamped by the veterinary practice along with the required medical history and supporting documentation requested to Scratch & Patch Claims, PO Box 800, Elland, HX1 9ET.**

## Policyholder details

Name	
Address	
Post Code	
Contact telephone number(s)	
Email address	
Policy Number	
Period of insurance from and to dates (dd/mm/yy)	

## Insured pet details

Pet Name	
Type / breed	
Colour / description	
Date of birth	
Purchase price	
Is the pet neutered?	
Is the pet chipped? If yes what is the chip number?	

## Other insurance details

Details of any other insurance policy covering you in respect of the incident e.g. other pet insurance, home insurance, excess protection insurance or holiday insurance including name and address of the insurer, the type of	
---	--

policy and the policy number.

## Completion Information

- Payment can be made to you or your vet. If you do not request otherwise payment will be made to you. The selected party should enter their bank details below, if required. If you pay your premium by Direct Debit payment will be made to you by BACS (Bankers Automated Clearing Services) so long as you are the bank account holder or a joint account holder. Otherwise we will need your details or those of the vet.
- Please complete the sections above, the payment details and section 1 below, then pass to your vet to complete sections 2, 3, 4 and 5 and/or obtain the other information needed shown in 6. You should then sign section 7 and return to Scratch & Patch Claims
- Your completed claims form should arrive within 60 days of an incident. We won't accept any claims for invoices over 12 months old or older when they are sent to us.

## Payment details

Please select **one** of the following options;

Pay me using details below

Pay me by Cheque

Pay Veterinary Practice using the details below

Where a central account is used, please provide the finance address to direct a remittance.

**Name of account holder**

**Account number**

**Sort code**

**Central Finance Address**

We will confirm payments to you by email once processed or by post if we do not have your email address.

## Section 1 – to be completed by the policyholder

When was the first date you noticed any signs of your pet's illness, the date of your pet's injury or death or the date your pet went missing?  
(dd/mm/yy)

Did you use the Vets telephone helpline?  
If so please provide the date and time you called.

What led you to consult your Veterinary Practitioner?

Current Veterinary Practice, please provide Name, Address and Post Code

Previous Veterinary Practice(s) please provide Name, Address and Post Code

For claims not involving illness, injury, death or loss of your pet, please provide the date of loss and full details of the circumstances leading to your claim.

## Section 2 – to be completed by the Veterinary Surgeon

**Important information for Veterinary Practices** – Under Financial Conduct Authority regulations you are able to complete Sections 2, 3, 4 and 5 below as part of the policyholders claim information without the need to be an AR of an authorised entity or otherwise regulated to do so. It is the policyholder's responsibility to check, complete, sign and submit the form. They should not have signed the form before it is bought to you. You should also read the declaration below carefully before stamping and signing to ensure compliance with the policy terms and conditions and that you are aware of your responsibilities in regard to any claim and the information you supply.

1. Please provide the full clinical history for the pet treated in addition to an itemised receipt showing the date and the cost of the fees / costs.
2. If prescriptions are included, please advise the quantity and type of drugs prescribed.
3. If two or more conditions have been treated concurrently, please provide separate costs and information for each.
4. If payment is direct to the Veterinary Practice, please supply your bank details in the payment details section above.
5. Where alternative or complementary treatment is being claimed for this section needs to be completed by a Vet.

Pet name	
Pet date of birth (dd/mm/yy)	
Pet colour	
Pet breed	
Pet weight	
How long have you been treating the pet?	
If this is a referral, please advise the name of the practice, address and post code of the practice that referred the pet.	

### Treatment Information

	Claim 1	Claim 2
Diagnosis/detail of treatment		
Technique or operation used		
Total Cost including VAT		
Date signs first noticed by the owner as far as you are aware (dd/mm/yy)		
Treatment dates from and to (dd/mm/yy)		
Has the pet received treatment or shown signs of any of the above conditions or related conditions before? If so please provide details.		
Is this a continuation of a previous claim?		
Is there likely to be ongoing treatment?		
If a home visit was made, was it because moving the pet would have endangered the pet's health?		
Has the pet died as a result of the injury or illness? If yes		

please complete Section 4 below

### Section 3 – Alternative Treatment – to be completed by the Veterinary Surgeon

Please attach a copy of your referral letter and invoices for this section if applicable

What complementary treatment did you refer for this pet for?	
What condition is the complementary treatment for?	
How many sessions did you recommend?	
What is the cost of the complementary treatment?	
Who provided the treatment and which professional body do they belong to?	
Please explain why you consider this treatment to be necessary and how it will treat the condition.	

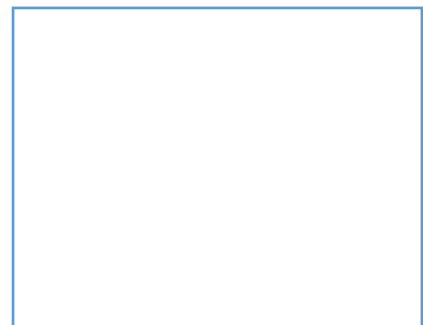
### Section 4 Death of a pet – to be completed by the Veterinary Surgeon

Date of death (dd/mm/yy)	
Cause of death	
If euthanized please state the reason for this	
If charges were made for cremation, burial or disposal please state the amount.	

### Section 5 Veterinary Surgeon Declaration

Veterinary Practice Stamp & VAT Number

I certify, to the best of my knowledge that all the information on this form is correct, and in my opinion, the condition treated would not have been present upon the date of the inception of the policy. I also confirm that the fees charged are my normal practice fees relating to the conditions treated and are no more than the fees I would normally charge my clients in the same or similar circumstances. Any discounts allowed or given have been deducted from the amount claimed on this claim form and the supporting documents.



Signature of Veterinary Surgeon.....
Date .....
Name in block capitals .....

## Section 6 – Claims check list – documents required to assess your claim

For all claims we need a fully completed claim form signed by you along with the **documents listed below**.

In some circumstances we may need extra information from you which we will request once we've reviewed the information provided.

**Important:** Please refer to your policy documents for details of your cover. Not all benefits listed may be available to you and are not included for all of our pet insurance cover levels.

You should provide all the information requested to ensure that your claim can be dealt with promptly and with the least disruption and delay for you.

## Section 6 – Claims check list – documents required to assess your claim

What are you claiming for ?	Required documents (if applicable to your claim)	Enclosed (Tick to confirm)
<b>Veterinary fees and alternative treatment</b>	<ul style="list-style-type: none"> <li>• A full clinical history from your Veterinary Surgeon</li> <li>• Copies of Vet referral letters where applicable</li> <li>• An itemised invoice / receipt showing all the treatment carried out</li> <li>• Proof of previous insurance policy if claim is within the 14 day waiting period and you wish to claim for it. Including the most recent renewal invitation.</li> </ul>	
<b>Death of pet</b>	<ul style="list-style-type: none"> <li>• Purchase receipt from breeder or donation receipt of adopted through a rescue organisation.</li> <li>• Pedigree registration documents</li> <li>• Itemised invoice / receipt from your Vet</li> </ul>	
<b>Loss and recovery</b>	<ul style="list-style-type: none"> <li>• Purchase receipt from breeder or donation receipt of adopted through a rescue organisation.</li> <li>• Pedigree registration documents</li> <li>• Name &amp; telephone number of rescue centres or dog wardens you have contacted</li> <li>• Police Crime Reference Number</li> <li>• Advertising or search fee invoices</li> <li>• Receipts for stationery used</li> <li>• Details of the finder and reward you paid</li> </ul>	
<b>Emergency boarding &amp; pet minding</b>	<ul style="list-style-type: none"> <li>• Kennel, cattery or pet minder invoice</li> <li>• Letter from GP or hospital confirming the dates and reason for you being hospitalised</li> </ul>	
<b>Holiday cancellation</b>	<ul style="list-style-type: none"> <li>• Travel operator (or similar) confirmation of cancellation and costs charged or unrecoverable</li> <li>• Travel operator (or similar) booking invoice</li> </ul>	
<b>Accidental damage</b>	<ul style="list-style-type: none"> <li>• Third party name and address where damage occurred</li> <li>• Photographs of damaged items</li> <li>• Original receipts for items</li> </ul>	

## Section 7 – Policyholder declaration

1. I declare that all the details and information on this form and provided in support of my claim are true and accurate and that I have not omitted any details or facts that are relevant to or have an influence on my claim.
2. I declare that where a claim involves a potential refund from other insurers or a third party, I authorise them to remit this directly to my pet insurer.
3. I understand and agree that information relevant to my claim can be obtained from and shared with my Vet, my previous Vet or Vets and any referral practice in order for my claim to be administered.
4. I understand that if this claim is found to be in any way fraudulent, this will invalidate my policy, cause the claim to fail and may lead to my prosecution.

Signature of Policyholder .....
Date .....
Name in block capitals .....

## Using your personal information

Hiscox (Your insurer) is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at [dataprotectionofficer@hiscox.com](mailto:dataprotectionofficer@hiscox.com)

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at [www.hiscox.co.uk/cookies-privacy](http://www.hiscox.co.uk/cookies-privacy).