

How to claim in 2 easy steps

Step 1: Please complete the claim form on the following page.

submitted by post will not be returned.

Step 2: Send the form with all necessary documentation via email to claims@brooksbraithwaite.com. To expedite your claim, we recommend sending us all documents electronically.

If submitting via post, please send all documents to Brooks Braithwaite, 4 Bridge Road Business Park, Bridge Road, Haywards Heath, RH16 3TX. Please note any documents

Claim checklist

therapist.

Before sending in your claim form, please ensure the following:

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٦	You have attached the full itemised invoice(s) and
	treatment notes from the veterinary practice or

You have fully completed all sections on this claim form.

You have included contact details for all vets that the animal has seen prior to coming into your care

Note: We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

Tip: Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

How your claim will be paid

- If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque.
- If you want us to pay your vet or animal's owner, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

Contact us

If you have any questions about your claim please call us on 0345 982 5499 (between 9:00 - 17:00 Mon - Fri) or email us at enquiries@brooksbraithwaite.com

Veterinary Fees Claim Form



Part of the Petcwver Group

Claim received on (Brooks Braithwaite use only):

Please complete the claim form and forward to us with the relevant documents to claims@brooksbraithwaite.com

Section 1. Your details					
Policy no. :	Your name:	Your name:			
Business name & address:	Contact no. :				
Email address:	No:				
Section 2. Animal details					
Animal name:	Owner's name:				
Age: Gender: M F	Owner's address:				
Dates in care from and to:					
Species: Dog Cat Other	Owner's email:				
Usual vet practice					
Practice Name:	Postcode:				
Phone number:					
Section 3. About the illness or injury					
Section 3. About the illness or injury					
	Date noticed unwell or injured	First date of treatment	Full amount being claimed		
		First date of treatment			
	injured	First date of treatment	claimed		
Condition being claimed for E	injured	First date of treatment	claimed		
Condition being claimed for Section 4. Payment details and declaration	injured	First date of treatment	claimed		
Condition being claimed for Section 4. Payment details and declaration Payment Please choose ONE of the following:	injured	First date of treatment	claimed £		
Condition being claimed for Section 4. Payment details and declaration Payment Please choose ONE of the following: Payment to you Payment to owner Payment to v	injured		claimed £		
Condition being claimed for Section 4. Payment details and declaration Payment Please choose ONE of the following: Payment to you Payment to owner Payment to v	rets Sort code: rinary practice with inforwith all information that her relevant third party of	Account nu mation about my policy in may be requested relating directly for any information	mber: respect of this claim, the g to my claim and that n necessary for processing		
Condition being claimed for Section 4. Payment details and declaration Payment Please choose ONE of the following: Payment to you Payment to owner Payment to water Payment t	rets Sort code: rinary practice with inforwith all information that her relevant third party oxed the information give	Account nu mation about my policy in may be requested relating directly for any information	mber: respect of this claim, the g to my claim and that n necessary for processing		
Condition being claimed for Section 4. Payment details and declaration Payment Please choose ONE of the following: Payment to you Payment to owner Payment to water Payment t	rets Sort code: rinary practice with inforwith all information that her relevant third party oxed the information give	Account nu mation about my policy in may be requested relating directly for any information	mber: respect of this claim, the g to my claim and that n necessary for processing		

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