Claim Form

Return to: Email: Claims@Agriapetinsure.ie, or Post PO Box 911, Little Island Cork T45 HP92



Policy Details Policy Number: PI00			Pet Details Pet Name:				
Your Name:		Pet Age:		Gender: Male	e Female		
Address:		Breed:				•	
TalMar				our possession DE			
	Did you Adopt or Rescue your pet Pet Y N						
Email:		Name of	Rescue Cent	re			
Pet History – To be completed by the Po	licy Holder Only		Import	tant Notes – First 1	ime Claimants		
List <u>ALL</u> Veterinary Practices your pet has attended since being in your possession You must disclose all Veterinary practices your Pet							
1)	has attended (for any reason) since being in your						
2)				e reviewed without			
3)			this inform	ation.			
If this is your first claim, please provide a copy of	f the Breeder's vaccinati	on card or					
adoption certificate (if applicable).							
Have you claimed on any pet insurance policy eit	her in Ireland or in anoth	er jurisdict	ion previous	ly? Y	N		
To be completed by your veterinary practice Pre Auth Y N (NB at least 5 working days to be allowed)							
Condition or Diagnosis				Treatment Da	ate Amount in €		
						-	
						_	
1) Please provide the exact date when the above Condition first commenced (For First Claim Only)				ıly) DD/MN	n/yy		
2) What is the first visit date for this pet at your practice?				DD/MN			
Note: For all claims, we require the corresponding clinical history for the claim including blood results and external lab reports (if applicable). VAT invoices must be provided. If the Client is the payee of the claim, we require proof of all payments made for the							
claimed amounts.	ne chent is the payee or	tile Claiiii,	we require p	oroor or all paymer	its made for the		
Payment Please circle if you wish payment to be made directly to the veterinary practice:	Bank Details Ple	ase comple	ete the bank	details section for	processing of		
	payments. Petinsure	will only pr	ocess payme	ents by Electronic I	-unds Transfer	_	
Pay Vet Direct: Yes	IBAN						
Vet / Accour	nt holder name for claim	payment					
Veterinary Declaration: I confirm that the				5 6:			
Information provided above is correct and that all	Veterinary Signatui	re		Practice Stamp)		
information held on file for this pet has been							
provided. I understand and agree that, as part of the claims assessment process, the suitability and							
accuracy of treatments and fees associated with this	Date:						
claim will be subject to review and assessment by a	Date						
veterinary practitioner(s) chosen, and/or employed,							
by PetInsure. Customer Declaration: I confirm that the	Customer Signature	2					
information provided above is true and correct. I	Customer signature						
authorise PetInsure to obtain any and all							
information relating to my pet. I confirm that I have	Date						
not withheld any information relating to my pets	שמנכ						
health or previous treatments. I have read and understand the Fraud Warning below.							
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Fraud Warning: Insurance Fraud is a crime. We report all instances of suspected fraud to The Garda Bureau of Fraud Investigation. Any attempt to withhold information or make a false or exaggerated claim will result in your policy being cancelled without notice and without a premium refund.