CLAIM FORM

Please complete this form accurately and to the best of your knowledge. Any inaccurate information may result in your claim being delayed or rejected. If you have any questions please email us at claims@perfectpetinsurance.co.uk, or call on 01992 667330. If any part of this form is not completed or there is any missing information this will delay your claim. The assurance of this claim form does not constitute an admission of claim liability by Tedaisy or the Insurer.

Type of Claim - New: ☐ Continuation: ☐ Policy Number:

Policy Holder's Details

Name:
Address:
Postcode:
Contact Number:
Email Address:

Vet's Details

Name:
Address:
Postcode:
Phone Number:
Date Pet Registered:

Pet's Details

Pet's Name:
Pet Type: ☐ Dog ☐ Cat
Date of Birth:
Gender: ☐ Male ☐ Female
Breed:
Colour:
Rescue Pet: ☐ Yes ☐ No
Neutered/Spayed: ☐ Yes ☐ No
Date First Acquired: (e.g. 1st Jan 2025)

Previous Vet's Details

Practice Name:
Address:
Postcode:
Phone Number:

All vet practices your pet has been registered at must be disclosed. Omitted information will delay your claim.

Microchip Number:

Your Pet's Condition - 1

Date and time you first noticed that your pet was unwell or injured (e.g. 1st Jan 2025) Date: Time:

Please describe your pet's condition:

Has your pet had this condition or clinical signs before, or any related? ☐ Yes ☐ No
If 'Yes' we will need the medical history to show the dates and full details.

If this a new claim, please complete the following questions and forward the full medical and weight history.
Please tell us the date, or how many days before the first date of treatment, that you noticed that your pet was unwell.

Your Pet's Condition - 2

Date and time you first noticed that your pet was unwell or injured (e.g. 1st Jan 2025) Date: Time:

Please describe your pet's condition:

Has your pet had this condition or clinical signs before, or any related? ☐ Yes ☐ No
If 'Yes' we will need the medical history to show the dates and full details.

If this a new claim, please complete the following questions and forward the full medical and weight history.
Please tell us the date, or how many days before the first date of treatment, that you noticed that your pet was unwell.

Date of last vaccination - Please detail your pet's vaccination record, including dates:

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For Your Vet to Complete

Your vet must fill in this section about each condition (we only accept forms from veterinary practices).

Pet Condition:

Date appointment was booked to treat the above condition:

Date pet first registered at the practice:

Was the pet referred to a complementary treatment professional? Yes No

Weight History

Current Weight:

Ideal Weight:

Body Condition Score:

Treatment of Pet

If an out-of-hours appointment, or a house visit was made, please explain why emergency treatment was required, and whether the treatment could have waited until normal opening hours.

Important

Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it to us. This must state fees for consultation, prescription charge, hospitalisation. Please ensure a full clinical history is attached or this will delay your claim.

Total cost of treatment (including VAT):

Payment Details

Payee Name:

Account Number:

Sort Code:

Customer Declaration

By signing this form you confirm all information on this form is accurate and true. In addition, you authorise Tedaisy Claims limited acting as the claims handler for Perfect Pet to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Perfect Pet with all information relating to your pet and for Perfect Pet to share this information with Tedaisy Claims and the insurer. Please note that unsigned forms will not be processed.

Customer Signature:

Name:

Date:

Vet Declaration

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. The fees I have charged are no more than the fees I would normally charge a client. If this pet was referred to you, please advise the name and address of the registered vet.

Registered Vet Practice Name:

Address:

Postcode:

Veterinary Surgeon's Signature:

Veterinary Surgeon's Name:

Date:

Vet Practice Email:

Practice Stamp:

We will pay the person/vet on this form. Any changes need to be agreed with the policy holder. (The payment will be made to the bank account that premiums are taken unless you have requested we pay the vet direct).

Pay the - Vet Direct: Policy Holder:

Please email all completed forms to: claimform@perfectpetinsurance.co.uk

All claim forms must be accompanied by a full breakdown of costs and a full clinical weight history. A missing information will delay your claim. You have 90 days in which to submit the claim from the treatment date. **Any claims or part claims over 90 days will not be paid.**

PerfectPet

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To enable us to assess your claim as quickly as possible we will require the following:

What section of cover are you claiming for?	Documents we require	Enclosed (tick to confirm)
Veterinary Fees	1. The Claim Form fully completed, signed and dated by you (the named policy holder) and by the veterinary practice that carried out the treatment. 2. A full clinical history from your veterinary practice, and any previous veterinary practices (if applicable). 3. An itemised invoice/receipt showing all treatment carried out.	☐
Veterinary Fees Repeat Medication (online pharmacy)	1. The Claim Form fully completed and signed and dated by yourself (the named policy holder). 2. Copy of the Veterinary prescription for ongoing medication. 3. Itemised invoices for the medication, showing the insured pet details.	☐
Third Party Liability	1. Please see your policy wording for full details for this section. 2. In the event that there is another insurance policy in force, you must report the incident to that insurance company first and tell us the name of that insurance company, your policy number with that company and the reason for you lodging a claim with that insurance company. 3. In the event you wish to notify is, we will need the Claim Form completed and signed by yourself (the named policy holder), a full clinical history from your veterinary practice, and any previous veterinary practices. 4. Please tell us about the circumstances behind an incident and provide us with any written statements, and the details of any witnesses. Please provide information in respect of any previous events where your dog was the subject of a public liability claim, whether or not it actually led to a claim or complaint about your pet.	☐
Death From Illness/ Accidental Injury	1. The Claim Form fully completed, signed and dated by you (the named policy holder) and by the veterinary practice. 2. A full clinical history from your veterinary practice, and any previous veterinary practices (if applicable). 3. Original pedigree documents (If applicable) and original purchase receipt.	☐
Overseas Holiday Cover - Veterinary Fees	1. The Claim Form fully completed, in English, signed and dated by you (the named policy holder) and by the veterinary practice that carried out the treatment. 2. You must provide an original receipt for the cost of treatment with the name and address of the treating Vet practice in English. 3. You agree to cover any costs for obtaining the original receipt in English, should any arise. 4. A full clinical history from your normal veterinary practice, and any previous veterinary practices (if applicable).	☐
Holiday Cancellation	1. The Claim Form fully completed, signed and dated by you (the named policy holder) and by the veterinary practice. 2. You must supply us with the original booking invoice and cancellation invoice. 3. The cancellation invoice must show the travel dates, the cost of your holiday and confirmation that the holiday was paid in full.	☐
Theft or Straying	1. The Claim Form fully completed, signed and dated by you (the named policy holder) including information about how and where your pet went missing or was stolen from and the details of who the theft or loss of pet was reported (as per your policy wording) and any crime reference number. 2. Original purchase receipt and original pedigree documents (if applicable). 3. A full clinical history from your veterinary practice, and any previous veterinary practices.	☐

Important

Please refer to your policy terms and conditions and exclusions which shows the level of cover in place for your pet and full details of the benefits available.

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What section of cover are you claiming for?	Documents we require	Enclosed (tick to confirm)
Advertising and Reward	1. The Claim Form fully completed, signed and dated by you (the named policy holder) including information about how and where your pet went missing (as per your policy wording). 2. Original invoice for advert and a copy of the advert. 3. You must supply the full name and address of the person to whom the reward is payable to. 4. A full clinical history from your veterinary practice, and any previous veterinary practices.	☐
Emergency Boarding (Kennel/ Cattery) Fees	1. The Claim Form fully completed and signed and dated by yourself (the named policy holder). 2. You will need to provide original receipts for the boarding kennel or cattery or pet minding business. The receipt will need to include the name of your pet, your full name and address as the policy holder, the dates that your pet was boarded and the daily rate charged. 3. In addition, you will also need to provide evidence of your stay in hospital by providing a medical certificate from the hospital and this will need to include your full name and address as the policy holder, the dates you were in hospital for and the medical reasons for your stay.	☐
Accidental Damage (Applicable to Elite Extra Policy Holders Only)	1. The Claim Form fully completed and signed and dated by yourself (the named policy holder). 2. You must provide a statement, proof of the items value along with photographs of the damage that your pet has caused. 3. You must provide us with full details of any other insurance policy in force that may cover the damage caused by your pet.	☐

Important

Please refer to your policy terms and conditions and exclusions which shows the level of cover in place for your pet and full details of the benefits available.

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