**Pet Insurance Claim form**

**Policyholder to Complete**

Send your completed Claim form to **petclaims@tree.com.sa**

**ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| Policy holder name | Phone number | Email address | Policy Number |
|  |  |  |  |

|  |
| --- |
| Address |
|  |

**ABOUT YOUR PET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pet’s name | Pet’s age | Pet’s breed | Microchip number | When did you get your pet? |
|  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |

Is your pet a… What’s your pet’s gender? Is your pet adopted or from a rescue center?

[ ]  Cat [ ]  Dog [ ]  Male [ ]  Female [ ]  Yes [ ]  No

**ABOUT YOUR PETS CONDITION**

|  |
| --- |
| Name / Symptom of condition |
|  |

|  |  |
| --- | --- |
| When did you first notice your pet was unwell?  | Is the condition a… |
|  | [ ]  New Condition [ ]  Continuation of ongoing Treatment  |

**SUBMITTING YOUR CLAIM**

**Once your vet has completed the vet section of the claim form, please send us your fully completed claim form with the following documentation:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Complete clinical history from current vet  | [ ]  Complete clinical history from other vets  | [ ]  Vaccination card/ pet Passport  | [ ]  Clear photo of pet  |

**ABOUT ANY VETS YOUR PET HAS VISITED**

|  |  |  |
| --- | --- | --- |
| Current vet name  | Email address  | Is complete medical history Included? |
|  |  | [ ]  Yes |
| Other vets/ previous vets name  | Email address  |
|  |  | [ ]  Yes |
| Other vets/ previous vets name  | Email address  |
|  |  | [ ]  Yes |
| Other vets/ previous vets name  | Email address  |
|  |  | [ ]  Yes |

 *IF your pet has seen other vets, please give us detail when you sent your* ***Claim***

**PAYMENT**

**We can only make payment to the named policy holder and only to a KSA bank accounts in SAR**

|  |  |  |
| --- | --- | --- |
| Bank name | IBAN | Total Claim Amount (SAR):  |
|  |  |  |

*\*Please ensure to attach your IBAN certificate*

**YOUR DECLARATION**

|  |  |  |
| --- | --- | --- |
| [ ]  | **By ticking this box I confirm that: The information I have provided is correct.**I agree that Tawuniya Insurance can talk about this claim and my pet with:* Any vet
* Any professional involved with treating my pet
* Any individual that may be involved with the claim

I confirm that I understand that any claim amount will be reduced by the deductible. **I will pay X of the claim, or the minimum amount stated on my Certificate of Insurance.** I understand that if XX cannot pay some or all of the claim that it is my responsibility to pay the vet. I have read the above and agree the above  | Date: |
|  |

**Treating vet to complete**

Send your completed Claim form to **petclaims@tree.com.sa**

**ABOUT THE PET**

|  |  |  |
| --- | --- | --- |
| When was the pet first registered to your practice?  | Date of last vaccination?  | Date of last annual checkup?  |
|  |  |  |
| Did you see the pet during emergency hours? | If yes, did the pet need to be seen straight away?  |
| [ ] Yes [ ] No | [ ] Yes [ ] No |
| If the pet was referred to you, please give details of the Practice that referred them | In your opinion, approximately how long will the pet need this treatment? |
|  |  |

**ABOUT THE PET’S CONDITION**

|  |
| --- |
| Symptoms and diagnosis |
|  |
| When did the condition begin?  | Treatment dates for this Claim |
|  | From: | To: |
| Has this pet been seen for this condition before?  | If yes, when?  |
| [ ] Yes [ ] No |  |
| Did the condition result in death/ euthanasia?  | If Yes, what’s the date of death? |
| [ ] Yes [ ] No |  |
| Total Cost of Treatment for this Claim in SAR  |
|  |

*Please include the original full clinical history that you have for this pet, in whatever format you record it, and an itemised invoice for the claim*

**VET DECLARATION**

**Please ensure you include the following with your claim**

|  |  |
| --- | --- |
| [ ]  | **By completing this section, I confirm that all information I have provided is correct. This section has been completed by the treating Vet.** |
|

|  |  |
| --- | --- |
| Licensed vet name | Veterinary practice and branch |
|  |  |
| Veterinary license number (found on your license (certificate):  | Veterinary license verification code (found on the license number on the certificate): |
|  |  |
| Veterinary practice email:  | Veterinary phone:  |
|  |  |

**SUPPORTING DOCUMENT CHECKLIST**

|  |  |  |
| --- | --- | --- |
| [ ]  Full clinical history notes for the pet from the date it was first registered to your practice | [ ]  Itemised invoice(s) for this claim | [ ]  A copy of the treating vet's license, or fully completed license number and verification code (see section 3): |

**SENDING US THE CLAIM**

**The completed claim form and supporting documents should be emailed to petclaims@tree.com.sa**