



To be completed and returned to:
 123 Pet Insurance, RSA House,
 Dundrum Town Centre,
 Sandymount Road, Dundrum,
 Dublin 16

Claims Helpline: 1890 200 123

Email Address: 123petclaims@ie.rsagroup.com

Pet Claim Form

Claim Number

Policy Number

A – About You (the Policyholder)

If your name or address has changed, please tick
 Name and address:

Contact details

Daytime tel:

Evening tel:

Mobile tel:

Email:

PLEASE NOTE that you must fill in all applicable sections. Failure to do so may delay your claim. Ensure to sign and date the form (Section F).

Please also read the following before submitting any claim and have your policy wording to hand for full details:

Your policy does NOT COVER in whole or as part of a claim:

- Any illness or injury that started before the policy start date
- Any illness that started within the first 14 days of the policy start date
- The excess specified in your policy schedule

B – About Your Pet

Your pet's name:

If you have more than one pet insured with us please ensure you enter the correct pet's name and only one claim form per illness per pet.

Cat Dog

Male Female

Breed

Date of Birth

Has your pet been neutered / spayed? Yes No

Microchipped/Tagged ID

What is the weight of your pet?

Note: if you are not sure about any of the above information, please ask your vet to complete this for you.

C – About Your Claim (complete for your policy type, i.e Premium Pet Cover or Accident Only Cover)

Premium Pet Cover

(tick the checkboxes that relate to your claim type)

Vet Fees Holiday Cancellation Cover

Death of Dog or Cat by accident/illness Loss by Theft or Straying

Emergency Boarding Kennel/Cattery Fees Public Liability

Accident Only Cover

(tick the checkbox that relates to your claim type)

Vet Fees

Death of Dog or Cat from Accident

Public Liability

D – About Your Pet's Illness or Injury (please submit a separate claim for per illness / injury)

Name of illness or injury as advised by your vet:

Please tell us when you first noticed your pet was unwell or injured, that led you to make an appointment with your vet:

Date:

E – Your previous veterinary practices (please tell us all vet(s) where your pet was previously registered)

Vet name	<input type="text"/>	Vet name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone number	<input type="text"/>	Phone number	<input type="text"/>
Date: From	<input type="text"/>	To	<input type="text"/>
Date: From	<input type="text"/>	To	<input type="text"/>

Please tell us your address at that time, if different to the address in Section A.

F – Your signature (Policyholder – please complete one of the following boxes (a, b or c) to tell us who to pay)

I declare, to the best of my knowledge and belief that all the information provided in this form is true and complete. I agree that RSA may seek any information it requires from any vet. I accept that the information provided may be released to other companies who provide a service to us or you in connection with managing and handling claims.

a) Please pay my claim direct to me Printed Name: Policyholder's signature Date:	b) Please pay my claim direct to my vet Printed Name: Policyholder's signature Date:	c) Please pay my claim direct to the person named below: Printed Name: Policyholder's signature Date:
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Please note: if we decide we cannot pay some or all of your claim, it is your responsibility to pay your vet.

G – This section must be completed by your Veterinary Practice

Please advise the date this pet was registered at your practice:

If this pet was referred to you, please advise the name and address of the registered vet

Was this pet referred to a complementary treatment professional?

Yes No

If yes, please also complete Sections H.

Did any illness or injury being claimed result in the death or euthanasia of the pet?

Yes No

If Yes, please advise the illness or injury:

Date of death

If a house call was made, you must confirm in writing why it was absolutely essential:

Illness or Injury

What are the main clinical signs?

What is the diagnosis (**this must be completed**)?

Has there been a claim for this illness or injury before?

Yes No Don't know

Please tell us the treatment dates for this claim:

From To

Treatment dates from the previous claim:

From To

If this is a new claim, please complete the following:

Days Date

Please tell us the date or the number of days before the first date of treatment, that the clinical signs were first noticed

Has this pet had this illness, injury or clinical signs before or any related illness, injury or clinical signs before? (If 'Yes', we will need the medical history to show the dates and the full details) Yes No

H – Your vet must fill this section about complementary treatment

(N.B. If the claim involves complementary treatment this section of the claim form must be filled in by a vet and not the complementary treatment professional. Please ensure a copy of the referral letter and the invoice(s) are attached)

What complementary treatment did you refer this pet for?

What illness or injury is the complementary treatment for?

How many sessions have you recommended?

Please tell us the cost of the complementary treatment:

What organisation does the complementary treatment professional belong to? (please tick)

Association of Chartered Physiotherapists in Animal Therapy (ACPAT)

The International Association of Animal Therapists (IAAT)

International Veterinary Acupuncture Society (IVAS)

National Association of Veterinary Physiotherapists (NAVVP)

Canine Hydrotherapy Association (CHA)

Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)

H –Your vet must fill this section about complementary treatment (continued)

(N.B. If the claim involves complementary treatment this section of the claim form must be filled in by a vet and not the complementary treatment professional. Please ensure a copy of the referral letter and the invoice(s) are attached)

Please explain how this treats the illness or injury:

I – The attending vet or a person authorised by the vet must fill in and sign this section

Please advise the total cost of the treatment including VAT:

(Please attach all invoices relating to this claim)

<p>I declare to the best of my knowledge and belief that all information provided in this claim form is true and complete.</p> <p>The fees I have charged are no more than the fees I would normally charge to my clients.</p> <p>Veterinary Surgeon's Signature: _____ Date: _____</p> <p>Printed Name: _____</p> <p>Email Address of the Veterinary Practice: _____</p>	<p>Practice Stamp</p>
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Important: Please ensure that a dated and itemised breakdown of all treatment costs is attached to the claim form before you send it on to us. This must state fees for consultation, prescription charge, hospitalisation, X-rays, test / pathologies, general anaesthetic, surgery, medication and any other fees. Costs must be clearly itemised for the illness or injury.

J – Please use this section to provide any additional information

Data Protection

RSA Insurance Ireland Ltd recognise that protecting personal information including sensitive personal information, is very important and we recognise that you have an interest in how we collect, use and share such information.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

What Does RSA do with Your Personal Data

Information you provide will be used by RSA for the purposes of processing your application and administering your insurance policy. RSA may need to collect sensitive data relating to you (such as medical or health records or convictions) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by RSA and will not be disclosed to any third parties except (a) to our agents, sub-contractors and re-insurers (b) to third parties involved in the assessment, administration or investigation of a claim, (c) where your consent has been received or (d) where permitted by law. In order to provide you with products and services this information will be held in the data systems of RSA or our agents or subcontractors.

RSA may pass your information to other companies for processing on its behalf. Some of these companies may be based outside the EEA, but in all cases RSA will ensure that its transfers of data are lawful and that your information is kept securely and only used for the purposes for which it was provided.

Calls to RSA may be recorded for quality assurance or verification purposes.

Fraud Prevention, Detection & Claims History

In order to prevent and detect fraud and the non-disclosure of relevant information RSA may at any time:

- Share information about you with companies within the RSA Insurance Group, other organisations outside the RSA Group including where applicable private investigators and public bodies including An Garda Síochána;
- Check and / or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

RSA may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies with RSA;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

Insurance Link Database

Information about claims (whether by our customers or third-parties) made under policies that we provide is collected by us when a claim is made and is placed on an insurance industry database of claims known as Insurance Link. This information may be shared with other insurance companies, self insurers or statutory authorities.

Insurance companies share claims data:

- a. to ensure that more than one claim cannot be made for the same personal injury or property damage
- b. to check that claims information matches what was provided when insurance cover was taken out
- c. and, when required, to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Guidelines for sharing your information with other insurance companies, self-insuring organisations or statutory authorities are contained in the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector which is available at www.dataprotection.ie

Under the Data Protection Acts 1988 and 2003 you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please contact us at the address below.

How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you and to seek rectification of any inaccurate data. If you have any questions, or you would like to find out more about this notice you can write to the Data Protection Officer, RSA Insurance Ireland Ltd, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

Consent

By providing us with your information you consent to all of your information being used, processed, disclosed and retained as set out above.