

CLAIM FORM FOR VETERINARY FEES

Please complete a separate form for each pet.

Please Complete in BLOCK CAPITALS

The completed forms including copies of all receipts should be returned to your agent or broker or direct to our claim handling agency to the following address:

IBEX INSURANCE, Apartado de Correos 87, CP11300 La Línea de La Concepción , Cádiz, España

Tel: +34 956695596

If the claim form is being faxed, please retain all original copies of the claim form and receipts.

Fax no: +34 956 794 681

CLAIM FORMS RECEIVED WHICH ARE INCOMPLETE WILL BE RETURNED TO THE POLICYHOLDER

Policy number:
Numero de poliza:

1. ABOUT YOU (To be completed by the policyholder)

Policyholder's name

Nombre del Asegurado:

Policyholder's address and postcode

Direccion y codigo postal del asegurado:

Telephone No:

Numero de telefono:

Mobile No:

Numero de movil:

Please tick if this is different to the address on your certificate of insurance

2. ABOUT YOUR PET (To be completed by the policyholder)

Your pet's name

Nombre de mascota:

Dog / Perro

Cat / Gato

M

F/H

Did the illness or injury result in the death of your pet? Yes No

La muerte de su mascota a sido debida a la enfermedad o las lesiones ?

Breed / Raza

Date of Birth / /

Fecha de nacimiento: / /

Name of each illness or injury you are claiming for, and the date when you first noticed any signs

Tipo de enfermedad o lesiones por las que reclama, y fecha de cuando tuvo conocimiento de ellas:

1.

date / /

2.

date / /

If your pet has been registered at another practice, other than the current attending practice, during the last 3 years please give details below: (if there is more than 1 please use a separate piece of paper)

Esta atendiendo su mascota el veterinario habitual, y si no asi, ruego nos informen los detalles de los veterinarios que atendieron en los ultimos 3 años (en el caso que sea mas de uno, por favor adjunte otra hoja con los detalles)

Vet's Name and Practice Name

Nombre del veterinario y del centro:

Address

Direccion:

Telephone No.

Numero de telefono:

Date: From / / - To / /
 Fecha: Desde / / - Hasta / /

Did the event happen overseas? Ha ocurrido el evento en el Extranjero?	Yes No	If you have answered Yes , please provide details about your journey Date: From / / - To / / Countries visited (attach copy of booking invoice or other relevant documents): Si a sido asi, por favour aporte detalles del itinerario Fecha: Desde / / - Hasta: / / Paises visitados (con copias de reservas o otros documentos relevante)

3. PAYEE DETAILS (To be completed by the policyholder)

Cheques will automatically be made payable to the Policyholder(s). Please tick 'Other' if you require only one Policyholder to be paid or 'Vet' if you require the Vet to be paid directly.

Vet Other

El pago se hara directamente al asegurado mediante talon bancario, al menos que este requiera lo contrario, por favour marcar la siguientes opciones :

Veterinario Otros

Please enter the Payee name and sign below to authorise payment
 Por favor indique el nombre a quien sera abonado el pago



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4. ABOUT THE ILLNESS OR INJURY (To be completed by the vet practice)

	ILLNESS OR INJURY 1 ENFERMEDAD O LESIONES 1	ILLNESS OR INJURY 2 ENFERMEDAD O LESIONES 2
Name of the illness or injury If no diagnosis has been made please give clinical signs Nombre de la enfermedad o las lesiones Si no se ha hecho diagnostico por favour indique los sintomas		
Is this claim a continuation? Es este siniestro una continuacion?	Yes No	Yes No
When did this illness or injury begin (as noted on your records)? Cuando empezo la enfermedad o las lesiones?	Date / /	Date / /
Date of Treatment ? Fecha de tratamiento?	Date / / - Date / /	Date / / - Date / /
Did death or euthanasia result from this illness or injury? La muerte o la eutanasia de la mascota ha sido como a consecuencia de la enfermedad o las lesiones que reclama?	Yes No	Yes No
If the pet was put to sleep, did you recommend this? Si se practico la eutanasia a la mascota, lo recomendo ud?	Yes No	Yes No
When was this pet first registered at your practice? Fecha de primer registro en su clinica?	Date / /	
If this pet has been referred please give the name and telephone number of the practice which referred it. Si este mascota a sido referido	Name / Nombre Address / Direccion Telephone number Numero de telefono	
To your knowledge has this pet been seen before for: Tienes conocimiento si dicha mascota ha sufrido lo siguiente con anterioridad:	This illness or injury Esta enfermedad o lesiones Any similar related illness or injury or Otra enfermedad similar o lesiones similares o Any similar or related clinical signs Algunos sintomas o relacionados similares con esta enfermedad	Yes No
	If Yes, please provide the history with dates Si es asi, proveanos del historial con fechas	Date / /

		Date / /
Is any part of this claim for dental treatment Hay parte de esta reclamacion por tratamiento dental	Yes No	If you have answered Yes , please enclose a full dental history over the last 2 years
Is any part of this claim for treatment of a urinary problem? Hay parte de esta reclamacion por problemas urinarios	Yes No	
If Yes: is the cost of diet food included in this claim? Si es asi, el costo de la dieta esta incluido en la reclamacion?	Yes No	If Yes , please provide the name of the diet food being used and total cost being claimed Name Amount €
Where crystals present? Presenta residuos?	Yes No	If Yes , are the Crystals: Oxalate Struvite Other If other please specify:
Please give dates of last two urine tests Fechas de los dos ultimos analisis urinario	Date / / - Date / /	
Are any of the above conditions of a congenital/ hereditary nature? La enfermedad es hereditarias / congenitas?	Yes No	
Did death or euthanasia result from this illness or injury? La muerte o euthanasia han sido a consecuencia de la enfermedad o lesiones ?	Yes No	If euthanasia did you recommend this? Ud a recomendado la euthanasia? Yes No
In connection with treatment claimed did you: En relacion al tratamiento reclamado por ud, has:	Make a house visit? Yes No or provide out of hours treatment? Yes No Lo ha atendido en el domicilio del cliente? Si No o lo ha atendido en horas fuera de horario If Yes, why was this house visit/out of hours treatment necessary? Si es asi, diga el motivo	
Total amount claimed (inc. IVA) Total reclamado (incluido el IVA)	Illness or Injury 1: € Enfermedad o lesiones 1: € Please enclose full invoices to support this claim listing dates, treatments and medication. Por favour adjunte facturas detalladas (fechas, tratamientos y medicacion, etc)	Illness or Injury 2: € Enfermedad o lesiones 2: € Please enclose full invoices to support this claim listing dates, treatments and medication. Por favour adjunte facturas detalladas (fechas, tratamientos y medicacion, etc)
5. DECLARATION BY THE VETERINARY PRACTICE		
I have completed this claim form. As far as I know the information is correct. The fees charged are no higher than the normal practice fees.	Name Nombre: Signature Firma ✕ Date / / Fecha: / / Practice No. Numero colegiado.	Vet Stamp Sello de la clinica
6. DECLARATION BY THE POLICY HOLDER		
Are you happy for ICS to provide the Veterinary Practice identified on this form with information about your policy in respect to this claim? Autoriza a ICS a proveer de sus datos en respecto su poliza al veterinario en esta reclamcion? Yes No I declare that the details given are correct to the best of my knowledge and agree that any vet who has treated my pet may provide any information the company may require to process my claim. I confirm that payment is to be made as indicated above.		
Signature ✕	Date / /	Signature ✕
		Date / /