

How to claim in 2 easy steps

Step 1: Please complete the claim form on the following page.

Step 2: Send the form with all necessary documentation via email to claims@covermy.ie. To expedite your claim, we recommend sending us all documents electronically.

Claim checklist

Before sending in your claim form, please ensure the following:

You have fully completed all sections on this claim form.

You have attached the full itemised invoice(s) and treatment notes from the veterinary practice or therapist.

If this is your first claim, our last claim was more than 12 months ago or if in doubt, please provide

The full clinical history from both current and previous veterinary practices.

Note: We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

Tip: Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

How your claim will be paid

- ▶ If you wish for us to pay you, the policyholder direct, please add your bank details in the payment options section of the claim form. Please note, we can only pay benefits to the policyholder(s).
- ▶ If you want us to pay your vet, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

Contact us

If you have any questions about your claim please call us on **0818 016 300** (between 9:00 - 17:00 Mon - Fri) or email us at claims@covermy.ie

Veterinary Fees Claim Form



Claim received on
(CoverMy use only):

Please complete the claim form and forward to us with the relevant documents to claims@covermy.ie

Section 1. Your details

Policy no. : Your name:
Contact no. : Email:
Address: Postcode:
Pet's name: Pet's date of birth:
Is this pet insured with any other company? Yes No
If yes, what is the name of the insurance company?

Section 2. About the illness or injury

¹(Include dates of previous related or similar conditions)

Is this claim a continuation of a previous claim? Yes No

Condition being claimed for	Treatment date	Dates of first clinical signs ¹	Total charge
			£
			£
			£
			£

Section 3. Payment options and declaration

Payment Please choose ONE of the following:

Payment into bank account. Please note: We can only pay the named policyholder bank account directly, please confirm these details in full below.

Paid to your vet. We/I have arranged with our/my vet to have the policy benefit(s) paid directly to the veterinary practice, less the applicable excess amount and any other non-claimable items. We/I understand and agree that this payment option is only available if all parties (i.e. the veterinary practice, CoverMyPet and the policyholder(s)) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account holder name: Sort code: Account number:

Declaration

I authorise CoverMyPet to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide CoverMyPet with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is correct to the best of my knowledge.

Please tick here, if you have read and acknowledged the above declaration. Date:

CoverMyPet | claims@covermy.ie | 0818 016 300

CoverMy is a trading name of Petcover EU Agentur GmbH, which is authorised and regulated by the Österreichische Finanzmarktaufsichtbehörde (FMA) under reference number: 32484052. Registered Office: Ared Strasse 16-18, 2544 Leobersdorf, Austria.