



### Policyholder to complete

Send your completed claim to [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com)

Questions about your claim? Please email [Claims.Moopet@kainosint.com](mailto:Claims.Moopet@kainosint.com)

#### 1. ABOUT YOU

Policy number: \_\_\_\_\_ Policyholder's address: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

#### 2. ABOUT YOUR PET

Pet's name: \_\_\_\_\_ Was your pet from a rescue centre? \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Cat: \_\_\_\_\_ Dog: \_\_\_\_\_ When did you get your pet?: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Pet's age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Microchip number: \_\_\_\_\_

Pet's breed: \_\_\_\_\_ Dubai municipality collar tag number: \_\_\_\_\_

Date of tag issue: \_\_\_\_\_

#### 3. ABOUT YOUR PET'S CONDITION

Name/Symptoms of Condition: \_\_\_\_\_

When did you first notice your pet was unwell? \_\_\_\_\_

#### 4. ABOUT ANY VETS YOUR PET HAS VISITED

**We need you to get your pet's full veterinary history for the insurers to accept your claim. The vet who treated your pet should provide the full notes they have in whatever format they keep them.**

Current vet practice and email address: \_\_\_\_\_ Complete history included?: \_\_\_\_\_

Yes: \_\_\_\_\_

Other vet practice name and email address: \_\_\_\_\_

Yes: \_\_\_\_\_

Other vet practice name and email address: \_\_\_\_\_

Yes: \_\_\_\_\_

Other vet practice name and email address: \_\_\_\_\_

Yes: \_\_\_\_\_

**If your pet has seen any other vets, please give us their details when you send your claim**

**New Condition**

**Continuation or Ongoing Treatment**

#### 5. ABOUT PAYING YOUR CLAIM

If we agree to pay your claim, who would you like to be paid?

Please pay **my vet**: \_\_\_\_\_ Please pay **me**: \_\_\_\_\_

We can only make payments to the named policyholder or Vet practice, and only to UAE bank accounts with the account currency in AED

BIC: \_\_\_\_\_

IBAN: \_\_\_\_\_

Total claim amount: \_\_\_\_\_

#### 6. SENDING US YOUR CLAIM

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

Complete clinical history from current vet:

Complete clinical history from other vets:

Vaccination card and/or pet passport:

Clear photo of pet:

#### 7. YOUR DECLARATION

**By ticking this box I confirm that:**

**The information I have provided is correct.**

I agree that Moo Pet 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 20% of the claim, or the minimum amount stated on my Certificate of Insurance.** I understand that if Moo Pet cannot pay some or all of the claim that it is my responsibility to pay the vet.

**I have read and agree to the above:**

**Date:** \_\_\_\_\_



### Treating Vet to complete

Send your completed claim to [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com)

#### 1. ABOUT THE PET

When was the pet first registered to your practice:

Date of last vaccinations:

Did you see the pet during emergency hours?

Yes:

No:

Date of last annual health check (prior to treatment being claimed for):

If yes, did the pet need to be seen straight away?

Yes:

No:

In your opinion, approximately how long will the pet need this treatment?

If the pet was referred to you, please give us the details of the practice who referred them:

#### 2. ABOUT THE PET'S CONDITION

Symptoms & Diagnosis of condition:

When did this condition begin?:

Treatment dates for this claim:

From:

To:

Has the pet been seen for this condition of similar before?

Yes:

No:

If yes, when?:

Did the condition result in death/euthanasia?

Yes:

No:

If yes, date of death:

Total cost of treatment for this claim (inc VAT): AED

**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**

#### 3. VET DECLARATION

**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's 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):

Practice email address:

Practice Phone number:

#### 4. SUPPORTING DOCUMENTS CHECKLIST

**PLEASE ENSURE THE FOLLOWING HAVE BEEN INCLUDED WITH THE CLAIM**

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):

#### 5. SENDING US THE CLAIM

The completed claim form and supporting documents should be emailed to [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com)



### Guidance notes for claim form

Send your completed claim to [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com)

#### Important information

Our policies exist to help protect pet owners against costs when a pet unexpectedly becomes unwell or suffers an injury. Our policies are not health care policies - they do not cover routine or preventative treatments such as vaccinations, health checks, spaying/neutering or parasite issues (including Giardia). Like all pet insurance policies, our policies do not cover any conditions that first happened or showed clinical signs or symptoms before the policy was taken out, or during the first 30 days of the policy.

Please note, the policyholder will pay the first 20% of any claim paid (the deductible) per submission. A minimum deductible amount, as confirmed in your Certificate of Insurance, might apply.

If your pet's treatment is likely to be ongoing, simply email the claims department at [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com) to let us know, and submit the invoices when the issue is resolved or the costs are high enough to make the claim.

In order for us to process a claim, there are several things we require, as set out below:

#### Claim Form

This must be completed by the policyholder *and* the treating vet.

#### Full medical history from the treating practice

The treating vet should provide a copy of the pet's full medical history notes from the date the pet was first registered to the practice until the present. This should be taken directly from the system the practice uses to record clinical notes and should include details of all examinations, treatment, procedures, medications, tests and test results, and advice given to the client. We cannot accept individual SOAP notes or medical reports alone as our insurers require the full medical history prior to any claims being accepted. We are happy to accept this in any format, including handwritten notes, as long as it is the full and complete medical history and clinical notes.

#### Itemised invoice(s)

The itemised invoice(s) as presented to the customer.

#### Copy of treating vet's license *or* vet license number *and* verification code

We use this to verify that the treating vet is licensed by the UAE. It is a requirement of our insurer that we only deal with claims for services provided by registered veterinarians.

Still have questions? Please email us at [claims.moopet@kainosint.com](mailto:claims.moopet@kainosint.com)