

Moo Pet Insurance

Claim Form



To be completed by the Policyholder

Please send the completed Claim Form and all supporting documents to **Claims.Moopet@kainosint.com**

First name:

Last name:

Home Address:

Email:

Phone:

Mobile:

Policy number:

About your pet

Pet's name:

Is your pet a:

Dog

Cat

Is your pet:

Male

Female

Breed:

Crossbreed/Pedigree:

Crossbreed

Pedigree

Mixed breed

Date of birth:

Age:

How long you've owned the pet:

Microchip number:

Municipality tag number (Dubai only):

Please note, this is separate to your pet's microchip number and can be found on your pet's collar tag in the format C12345-2022 or D12345-2022

Date municipality tag issued:

Last health check:



Moo Pet Insurance is underwritten by Alliance Insurance PSC, with claims administration services provided by Kainos International Limited.

To be completed by the Policyholder

Claim information

Name of illness/injury as advised by Vet:

Date you first noticed your pet was unwell:

Is this a continuation of an existing claim? Yes ☐ No ☐

Has your pet ever suffered from a similar illness or injury before? Yes ☐ No ☐

If yes, when?:

Payment information

Cost of treatment:

Who would you like us to pay?: Policyholder ☐ Vet ☐

BIC:

IBAN:

Please note, we can only make payments to UAE bank accounts with the account currency in AED.

Declaration

By ticking this box I confirm that I authorise Moo Pet to provide the Veterinary practice with information about my policy in respect of this claim, and the Veterinary practice mentioned above to provide Moo Pet with all information relating to my pet. I also confirm I have checked the information given on this form and that it is correct.

Agree: ☐

Date:

By ticking this box I confirm that I understand that any claim amount will be reduced by the deductible and, if Moo Pet cannot pay some or all of the claim, that it is my responsibility to pay the Vet.

Agree: ☐

Date:



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To be completed by the Veterinary Surgeon

Name of treating Vet:

Name of Veterinary Practice:

Email address:

Pet information

Date first registered to practice:

Has this pet been referred to you?: Yes No

If yes, by whom:

Date of last health-check:

Date of last annual vaccination:

Claim information

Name of illness/injury:

Treatment dates:

When did this illness/injury begin?:

Has the pet been seen for this condition or a related condition before?: Yes No

If yes, when?:

Did the condition result in death/euthanasia?: Yes No

If yes, date of death:

If the pet was put to sleep, did you recommend this?: Yes No

Total claim amount:

Declaration

This section has been completed by the treating Vet or authorised representative:

I have attached a full clinical history for the pet I have treated:

I have attached invoices for treatments related to this claim:

In order for Kainos International Limited to verify my License certificate on the United Arab Emirates Ministry of Climate Change & Environment website, I have provided **either** a copy of the treating Veterinarian's License **or**

License number:

License verification code:



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Documents required to complete your claim

Claim form completed by both the policyholder and treating Veterinarian:

Clinical history from current Veterinary practice:

Clinical history from all previous Veterinary practices:

Vaccination card and/or Pet Passport:

Invoices for any treatment being claimed for:

Clear photograph of pet:

Copy of treating Veterinarian's License *or* License number *and* License verification code:

Please send your claim form to **Claims.Moopet@kainosint.com** via the email address registered to your policy:

Please note that failure to provide the above documentation will result in a delay in processing your claim.