



Reimbursement request Pet Insurance

To be eligible for cover, this document must be fully completed, signed and accompanied by all the documents relating to the accident or illness, such as the detailed invoice from the veterinary, prescriptions and pharmacy, laboratory or animal ambulance invoices.

In order to facilitate the processing of your claim, please follow this advice:

- 1) Carefully fill in the 2nd page, concerning your contact details and those of your contract.
- 2) Date and sign it.
- 3) Ask the veterinary to complete and sign the 3 pages (mandatory), respectively 4 (in case of death of the animal).
- 4) Send the duly completed claim form together with all invoices and payment receipts:
 - ☐ Either by email: **Claims-assistance@ip-assistance.com**
 - ☐ Or by post to the address:

**AXA Partners
Boulevard du Régent, 7,
1000 Bruxelles,
Belgique**



Contract and policyholder

Contract number

Formula subscribed to

☐ Easy

☐ Easy Plus

☐ Comfort

Surname

First name

Address

Postal code

Town

Mobile tel.

E-mail

Bank account number (IBAN)



Animal insured

☐ Dog

☐ Cat

☐ Male

☐ Female

Identification no. (chip or tattoo)

Name

Date of birth

In case of an accident, please describe the circumstances that have led to the accident:

☐ I certify on my honour that the above information is correct.
Any false declaration may lead to sanctions provided for by law.

Date and signature of the policyholder



Section reserved for the vet

- ☐ Dog ☐ Cat
☐ Male ☐ Female

Identification number (required)

Name

Age

Breed

The treatment follows:

☐ Accident

☐ Illness

☐ Sterilisation

☐ Vaccine

To be completed in the case of an accident:

Date of the accident

Nature of injuries

Nature of the treatment

To be completed if it is an illness:

Date of diagnosis

Nature of the illness

Nature of the treatment

Has surgery been performed?

☐ Yes

☐ No

Date	Description of the treatment	Amount	Medication dispensed	Quantity	Amount

Important: food, pest control products, lotions and shampoos are not refundable. Please do not include them in this table.

☐ I have verified the identity of the animal and I certify the medical information and the incurred costs.

First name and surname of the vet who provided the service
Date and signature



Death certificate

Date of death

Death due to:

☐ Accident

☐ Disease

Identification No (chip or tattoo)

The veterinary will indicate here below the circumstances of death of the insured animal: anamnesis in the event of death due to illness, euthanasia, etc. He undertakes to report any ill-treatment that the insured animal may have suffered.

By his signature, the veterinary certifies on his honour that he has established the death of the insured animal.

☐ I have verified the identity of the animal and certify the truthfulness of the above information.

First name and surname of the vet who provided the certificate
Date and signature