

TO ENABLE A DIRECT CLAIM PLEASE COMPLETE ALL OF THE INFORMATION REQUESTED

Insurance Form Information

(To be completed by the policyholder)

Salutation (Mr/Mrs/Miss/Ms/Messrs

.....

Full Name of Policy Holder (Upper case)

.....

Address of Policy Holder

.....

.....

.....

Post code

Daytime Contact number

Evening Contact number

Email address

.....

Insurance Company

Type of Policy

Policy start date

Policy Number

Amount covered to

Excess

% Excess

Condition/Problem

Pets name

Breed

Onset date/date condition started

Date Referred from vets Date 1st contacted by West Midlands Referrals

DATE OF SURGERY

I hereby give permission for West Midlands Referrals Ltd to use the VOX IT System to gain access to my records to enable direct payment from the following insurance companies

TESCO
MORE TH>N
JOHN LEWIS
M&S
ARGOS
HOMEBASE

Signature(policyholder)Print