

Guide to completing a claim form

Please complete **ALL** sections and fields and provide the horse's **FULL** clinical history.

1 Remember to enter your policy number. If you are unsure of your policy number, please contact us prior to submission.

2 Have you entered your contact details? Phone and email are quicker than post if we need to get in touch.

3 Complete your horse's details.

4 Please tell us which policy benefit you would like to claim for.

5 Make sure you include details of normal shoeing costs.

6 Don't forget to choose one payment option.

Have you...

- Included your policy number?.....
- Told us when you first noticed the problem and what the horse was doing at the time?.....
- Chosen payment option?.....
- Signed the form?.....

7 Always sign and date the form – we cannot process unsigned forms.

1 Pass to your vet to complete sections 5 - 7

2 Please be sure to include the exact date the condition was first noted and if the horse has been treated for this or something similar previously.

3 Complete all details in full. Email is quicker than post if we need to get in touch.

4 Always sign and date the form – we cannot process unsigned forms.

Petplan Equine

Claim Form for Veterinary Fees, Death or Permanent Loss of Use

For Petplan use only

5. Vet to complete ABOUT THE ILLNESS OR INJURY

Did the horse die due to this illness or injury? (A post mortem must be carried out unless we have advised that it is not required) Yes No

Was the horse euthanised due to the illness or injury? Yes No

Did the horse's condition meet the guidelines set by AVA for immediate destruction? Yes No

Have you sent us a claim for this illness or injury before? Yes No

When did the illness or injury first begin? Date: _____

Is the illness or injury likely to need further treatment? Yes No

Diagnosis of illness or injury, or clinical signs if no diagnosis has been made

Please give history and dates if this horse has been seen before for this illness or injury, any similar or related illness or injury, or any similar or related clinical sign

Is the illness or injury being claimed for related to this history? Yes No

Did you recommend any alternative treatment? Yes No

If yes, please give details

6. Vet to complete ABOUT THE TREATMENT

Date of treatment _____ to _____

Does the horse require remedial farriery? Yes No

If yes, please advise how many feet this is for _____

7. Vet to complete DECLARATION BY VETERINARY PRACTICE

This practice is authorised to have the claim(s) paid direct

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief Yes No

Name _____

Position in practice _____

Phone _____

Fax _____

Email _____

Vet practice stamp here

Petplan Australia, ABN 64 089 468 542 AFSL No. 243663 administers the policy on behalf of Allianz Australia Insurance Limited ABN 15 000 122 AFSL 234708 which underwrites the policy.

Signature (Vet practice manager) _____ Date: _____

Final check; have you...

- Completed section 7 with signature, date and practice stamp?.....
- Enclosed original invoices to support the claim, plus a **FULL** clinical history?.....

Please note, if you are both the policyholder and veterinary staff then another member of the practice should complete sections 6 and 7.