



Dog and Cat Claim Form for Holiday Cancellation

For Petplan use only

Please note there are items that are not claimable under your Policy, including, but not limited to: routine and preventative healthcare (shampoo, nail clipping, teeth cleaning, worming, desexing and vaccinations), any illness that occurred within your waiting period and/or were a pre-existing condition. If in doubt, please refer to your PDS and Certificate of Insurance. Please also check the excess amount on your policy before completing this form.

How to make a claim:

- Step 1** Please complete and sign Section 1 of this claim form
- Step 2** Take the claim form to your Vet and ask them to complete Section 2 and sign
- Step 3** Attach the original invoices and receipts to the completed claim form as listed in Section 3 and post, fax or email to:
Petplan Australasia Pty Ltd PO Box 112250, Penrose Auckland 1642 Fax: 09 353 1554 Email: claims@petplan.co.nz

Section 1. Policyholder to complete

Policy number _____ Your Name _____

Contact no. _____ Email _____

Postal address _____ State _____ Postcode _____

Address where Pet resides (if different to above) _____

Address where loss occurred (if different to above) _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Pet's name _____ Pedigree name (If applicable) _____ Dog Cat

Pet's date of birth _____ Breed _____ Male Female

Amount claimed \$ _____

Irrecoverable Expenses

Holiday dates: from _____ to _____ Date booked _____ Destination _____

Reason for cancellation _____

Details of irrecoverable expenses

_____ Amount claimed \$ _____

_____ Amount claimed \$ _____

_____ Amount claimed \$ _____

Payee details

PLEASE COMPLETE **ONE** OF THE FOLLOWING *Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.*

Pay Policyholder(s). I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

Electronic payment into policyholder's bank account

Account name _____ Account number _____

Declaration By Policyholder

I confirm that I am the policyholder and I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Signature X _____ Date _____

Section 2. Please ask your vet to complete this section

Details of the pet's illness

What condition(s) is being claimed for? _____ Date of onset _____

According to your notes, when did the pet owner first notice clinical signs of the condition?

Date _____ Time _____ AM/PM

Surgery carried out _____ Date of surgery _____

Date client was advised surgery required _____ Was it emergency life saving surgery? Yes No

Signature

(Vet practice stamp or name & address)

(To be signed by Vet practice manager)

Date _____

Section 3. Documents required in support of a claim

If you are unable to send all documents please offer an explanation on a separate sheet of paper. (Please ensure all supporting documentation is submitted to avoid the claim being delayed.) Please tick relevant box to indicate document attached

- Booking invoices
- Cancellation invoices
- Receipts

INCOMPLETE CLAIM FORMS will be returned to the policyholder(s) In order for your claim form to be processed in a timely manner please make sure that you have completed the claim form in full, it is signed by You and your vet, and includes all necessary documents.

Please complete the checklist, read the Privacy statement and sign the form below.

- Are all the sections of the claim form completed?
- Have you included all necessary documents with your claim?
- Have you and your vet signed the claim form?

Privacy: The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlement, determine our liability, compile data and handle claims. When handling claims, we may disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Service (IRS), etc., or other parties as required by law. You have the right to seek access to your personal information and to collect it at any time. Please contact us on 0800 255 426 8:30am-5pm Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Petplan. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

I/We certify the information given on this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1993 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Petplan will be unable to process my/our claim.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Please sign here

Date _____

What happens next:

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 0800 255 426 between 8:30am – 5:00pm Monday to Friday.

