

## How to claim in 2 easy steps

**Step 1:** Please complete the claim form on the following page.

**Step 2:** Send the form with all necessary documentation via email to [claims@petplan.co.nz](mailto:claims@petplan.co.nz). To expedite your claim, we recommend sending us all documents electronically.

### Claim Checklist

*Before sending in your claim form, please ensure the following:*

You have fully completed all relevant sections on this claim form.

*Please attach the following documents:*

A death certificate from your veterinarian.

The purchase receipt from when you bought your pet.

If your pet is a pedigree, the pedigree certificate (original or signed copy).

**Note:** We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

**Tip:** Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera to submit the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

### How your claim will be paid

- ▶ If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- ▶ If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).

### Contact us

If you have any questions about your claim please call us on **0800 255 426** (between 08:30 - 17:00 NZST Mon - Fri) or email us at [claims@petplan.co.nz](mailto:claims@petplan.co.nz)

# Death Claim Form

# Petplan<sup>®</sup>

Claim received on (Petplan use only):

Please complete the claim form and email to us with the relevant documents to [claims@petplan.co.nz](mailto:claims@petplan.co.nz)

## Section 1. Your details

Policy no. :

Your name:

Contact no. :

Email:

Address:

Postcode:

Town:

*Please tick here if the above is different to the address on your certificate of insurance. Your policy records will be updated with these details.*

Pet's name:

Pet's date of birth:

Was this pet insured with any other company?

Yes

No

If yes, what is the name of the insurance company?

## Section 2. Death from illness, injury or accident details

Illness/Injury or Accident commencement date:

Date of death:

Cause of death:

In case of  
accident, please  
provide the full  
circumstances:

Purchase date:

Purchase price: \$

Amount claimed: \$

## Section 3. Payment and declaration

### Payment

#### Payment into bank account.

Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

Account name:

Account number:

### Declaration

Privacy: The Privacy Act 2020 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, 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 via phone or email and advise us of the changes.

We/I certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. We/I understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. We/I understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. We/I authorise any veterinary surgeon who has treated our/my pet to provide to the insurer any details they may require. We/I acknowledge that we/I have read and understood the Privacy Act 2020 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Please tick here, if you have read and acknowledged the above declaration.

Date: