

Claim Form for Veterinary Fees

Are you completing this form for a:

New illness or injury

Complete ALL sections clearly and in full.

Continuation illness or injury

Complete sections shaded yellow only.

Please complete the claim form fully, using a black pen and block capitals.

Missing information will delay your claim.

Please use a separate claim form for each pet, each illness or injury and each treating veterinary practice.

We're happy to help!

If you have any questions call us on

0800 255 426



1. Policyholder to complete	POLICY NUMBER	
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2. Policyholder to complete	ABOUT YOU	Policyholder's address
Policyholder's surname		
First name		
Contact no.		Postcode
Email address		
		Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details. <input type="checkbox"/>

3. Policyholder to complete	ABOUT YOUR PET	Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Pet's date of birth	/	/	/
Pet's name		Breed		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Pedigree name <i>(If applicable)</i>		Is this pet insured with any other company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If this is the first claim you are submitting for your pet you must include a full clinical history from all of the vets that your pet has been registered with, plus any information you may have from the person/party you obtained your pet from. Your claim will be delayed if this is not included.		If Yes, please state which company				
		Have you, or are you intending to lodge a claim for this illness/injury with them?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

4. Policyholder to complete	DETAILS OF YOUR PET'S ILLNESS	Please tell us the names and addresses of all the vet practices where the pet has been treated before or the vet that referred you. Please use a separate sheet of paper for more than one.
What condition(s) are you claiming for?		Practice Name
		Address
		Postcode
Please tell us the date you first noticed any signs that your pet was unwell or injured before booking an appointment with your vet. Your claim will be delayed if we do not have this information.		Phone
Date and time Condition first noticed	/ /	AM / PM
Date and time pet seen by vet	/ /	AM / PM
Did the illness or injury result in the death of your pet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: from / / to / /
Date of death	/ /	If your pet was injured, please provide details of how the injury occurred, on a separate sheet of paper. If anyone else is responsible for the injury, please provide their name and address.
		Not covered by your policy - Routine and preventative healthcare eg. shampoo, nail clipping, teeth cleaning, worming, desexing and vaccination, any illness within your waiting period and pre-existing conditions.

5. Policyholder to complete	PAYEE DETAILS
Payments will be automatically made payable to the policyholder(s) named on your Certificate of Insurance, unless we are instructed otherwise.	
Is any insured registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PLEASE COMPLETE ONE OF THE FOLLOWING	
Please note we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet.	
<input type="checkbox"/> A. Pay Vet - please tick	
I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items.	
Name of the vet practice	
Customer ID	
Account Name	
Account Number	
Vet practice sign here	
Date: / /	
<input type="checkbox"/> B. Pay Policyholder(s) - please tick	
I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.	
Name	
Account Name	
Account Number	

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, have your vet complete their section, and it is signed by both You and Your Vet, and includes itemised invoices.

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

Are all the sections of the claim form completed?

Has the Vet completed all their sections of the claim?

Have you included all itemised invoices with your claim?

Have you and the 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: / /

