

For Petplan us	e only	
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## 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 shade Please complete the claim form fully, using a black pen and block capit Missing information will delay your claim. Please use a separate claim form for each pet, each illness or injury an 1. Policyholder to complete **POLICY NUMBER** 2. Policyholder to complete **ABOUT YOU** Policyholder's surname First name Contact no. Email address 3. Policyholder to complete **ABOUT YOUR PET** Pedigree name 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. DETAILS OF YOUR PET'S ILLNESS 4. Policyholder to complete What condition(s) are you claiming for? 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. AM / PM Date and time Condition first noticed AM / PM Date and time pet seen by vet Did the illness or injury result in the death of your pet? Date of death 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? No 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. 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 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 IMPORTANT NOTES

We're happy to help!



d yellow only.	If you have any questions ca	NA STATE OF THE ST					
0800 255 426							
d each treating veterinary practice.							
			$\equiv$				
Policyholder's address							
	Po	ostcode					
	ifferent to the address on your Coupdated with these details.	ertificate of Insura	ance.				
Dog Cat	Pet's date of birth		/				
Breed		Male	Female				
Is this pet insured with any o	ther company?	Yes	No No				
If Yes, please state which co	mpany						
Have you, or are you intendi		Yes	No No				
illness/injury with them?							
	d addresses of all the vet practices of all the vet practices of you. Please use a separate sheet						
Practice Name							
Address							
	Po	estcode					
Phone							
Date: from  If your pet was injured, pleas	e provide details of how the injury of	occurred, on a sepa	rate sheet of				
paper. If anyone else is respo	onsible for the injury, please provide	their name and ad	dress.				
shampoo, nail clipping	olicy - Routine and prevental , teeth cleaning, worming, d waiting period and pre-exist	esexing and va	ccination,				
In order for your claim	FORMS WILL BE RETURNED To form to be processed in a time	ely manner plea	se make				
	mpleted the claim form in full, signed by both You and Your						
invoices.							
	ecklist, read the Privacy stateme		orm below.				
	ons of the claim form complete						
	upleted all their sections of the ed all itemised invoices with you						
	ee vet signed the claim form?	Jui Ciaiiii!					
Privacy: The Privacy Act 199	93 requires us to tell you that as an ins						
data and handle claims. Wh to third parties such as othe and agents, to the Insurance	rt ocalculate your loss and entitlement on handling claims, we may disclose yr insurers, loss adjusters, external clair a Reference Service (IRS), etc., or othe ccess to your personal information and 8:30am-5pm Mon-Fri and advise us of	our personal and others data collectors, in per parties as required	er information vestigators by law.				
internal dispute resolution p are not satisfied with the ou	e not an everyday occurrence at Petpl rocess should any dispute arise. Pleas toome of this process, we will advise y lent complaints scheme (subject to elig	se feel free to ask for ou how to contact the	details. If you				
likely to affect this claim has if information is untrue, inac understood the Privacy Act personal and sensitive infor l/we do not agree to the columble to process my/our cl	given on this form is truthful, accurate been withheld. I/We understand that it curate or concealed. I/We acknowledg 1993 and consent to the collection, stomation to all persons affected by this clection of this personal and sensitive in ailm.  ked the information on this claim fo	this claim may be ref ge that I/we have read prage, use and disclo claim. I/We acknowle offormation then Petpl	used d and sure of dge that if an will be				

the best of my knowledge and belief.

Please sign here

Please send completed claim forms including all receipts to Petplan Australasia Pty Ltd, PO Box 112250, Penrose Auckland 1642

Petplan Australasia 2097390 administers the policy on behalf of Allianz Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand which underwrites the policy.

## IF THIS IS THE FIRST CLAIM FOR THIS PET, PLEASE SUBMIT A FULL CLINICAL HISTORY

## ASK YOUR VET TO COMPLETE THESE THREE SECTIONS

6. Vet practice to complete	GENERAL INFORMATION	Is any part of this claim for a condition the pet can be vaccinated against?			
When was this pet first registered at your practice? / /		If Yes, were the pet's vaccinations up to date at the time of treatment?			
If this pet has been referred please give the name, address and telephone number of the		Yes of last vaccination / No Don't Know			
practice which referred it.		Is any part of this claim for dental treatment?			
Name		If Yes, please enclose a full clinical history over the last 2 years. Not providing this will delay the client's claim.			
Address		Is any part of this claim for treatment of a urinary problem?  Yes  No			
		If Yes, is the cost of diet food included in this claim?			
		If Yes, please provide the name of the diet food being used and total cost being claimed.			
Telephone number In connection with the treatment claims	ed did you make a house visit	Name Amount \$			
or provide out of hours treatment?	Yes No	In case of a urinary problem, were crystals present?			
If Yes, why?		If Yes, are the crystals:  Oxalate  Struvite  Other			
		If other, please specify			
		Please give dates and results of last 2 urine tests			
		Date: / Result			
		Date: / Result			
7 Valore Produce and the	ADOLUT THE HANGOOD MAINEY				
7. Vet practice to complete	ABOUT THE ILLNESS OR INJURY	When did this illness or injury begin or show clinical signs?			
Condition		(as started by the client and noted in your records)			
Name of the illness or injury (if no diagnosis has been made, please gi	ve clinical signs)	To your knowledge, has this pet been seen before for:  This illness or injury  Yes  No			
		Any similar or related illness or injury  Yes  No			
		Any similar or related clinical signs  Yes  No			
		If Yes, please provide the history with dates			
		ii res, please provide the history with dates			
Did death or euthanasia result from the	his illness or injury? Yes No				
Date of death /					
If the pet was put to sleep, did you reco	ommend this? Yes No				
Is this claim a continuation of a previous claim?					
Treatment date: from /		Total amount being claimed (inc. GST) \$			
PLEASE ENCLOSE FULL ITEMISED INVOICES AND RECEIPTS TO SUPPORT THIS CLAIM					
8. Vet practice to complete DECLARATION BY VETERINARY PRACTICE		Vet practice stamp here			
This practice is authorised to have the	claim(s) paid direct  Yes  No  claim form and confirm that it is all correct to the best of				

8. Vet practice to complete	DECLARATION BY V	ETERINARY PRACTIC	Œ	Vet prac	tice stamp here	
This practice is authorised to have the of I have checked the information on this of my knowledge and belief.		Yes No				
Name						
Position in practice						
Phone						
Fax				_		
Email				Signature (Vet practice manager)	Date:	

PLEASE USE A SEPARATE CLAIM FORM FOR EACH PET, EACH ILLNESS OR INJURY AND EACH TREATING VETERINARY PRACTICE PLEASE SEND COMPLETED FORMS INCLUDING ALL RECEIPTS TO:
PETPLAN AUSTRALASIA PTY LTD, PO BOX 112250, PENROSE AUCKLAND 1642

Once we have received and lodged your claim, an acknowledgement will be sent to the contact details that we have on record. If you do not receive the acknowledgment, feel free to call our customer care centre at 0800 255 426 to update your details on Petplan's records and to confirm that your claim has been received and lodged.

If this is your first claim, we will request a complete medical history for your pet. To fast track the history requesting process you may attach the complete medical history to your claim and provide us with the date you took on ownership of your pet and all vets attended whilst in your care.

All claims are processed in order of receiving them and we will deal with your claim as quickly as possible.

