Petplan®

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.com.au**. 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.

The purchase receipt showing the make, model and date of purchase or valuation.

If the horse float or vehicle has been stolen:

The police report.

If the horse float or vehicle is damaged and repairable:

Two estimates for repair.

Photographs showing the damage to the item.

If the horse float or vehicle is damaged and not repairable:

Written confirmation from the repairer stating the item is damaged beyond repair and stating the current salvage value.

Photographs showing the damage.

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 **1300 738 225** (between 9:00 - 17:00 AEST Mon - Fri) or email us at **claims@petplan.com.au**

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 send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

Petplan AU Horse Float 1120

Part of the Petcover Group

Petplan Australasia Pty Ltd | **ABN 64 069 468 542** | **AFSL No. 245663**
1-3 Smolic Crt, Tullamarine, VIC 3043 | **www.petplan.com.au** | **claims@petplan.com.au**

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Float & Horse-Drawn Vehicle Claim Form

Petplan®

Claim received on (Petplan use only):

Please complete the claim form and forward to us with the relevant documents to **claims@petplan.com.au**

Section 1. Your details

Policy no. :

Your name:

Contact no. :

Email:

Address:

Postcode:

State:

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

Address where insured vehicle were stored:

Address where loss occurred (if different):

Section 2. Details of the stolen/missing/damaged horse float or horse-drawn vehicle

Year, make & model:

Date of purchase:

Chassis/Serial/Identification no. :

Purchase price:

Nature and extent of usage:

Current Value:

What are you claiming for?   Damage   Stolen   Purchased new or used?   Used   New

If damaged, are the items repairable?   Yes   No

Are you the sole owner of the item?   Yes   No

If No, name/s:

When did the theft/loss or damage occur?   Date: Time:

When were the item/s last seen by you?   Date: Time:

Full details of how, when and where the theft/loss/damage occurred and in case of theft how entry was gained etc.:

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Name/s of any witness/es:

Precautions taken to prevent the theft/loss/damage, including details of locks on doors and windows if theft was from a building:

What steps have been taken to recover the lost items?:

Were the police informed?   Date: Time: Did you receive a police report?   Yes   No

Station name/location: Contact no. :   Report no.:

Please retain any damaged items, they may be required as salvage - if some or all of your stolen items are recovered by police you must advise us immediately. If we have already paid your claim prior to police recovering your stolen items you must immediately advise us by emailing **claims@petplan.com.au** or calling **1300 738 225**. The recovered items are the legal property of Petplan and is required as salvage.

Section 4: 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. Please note, we can only pay benefits to the policyholder(s).

Account name: BSB: Account number:

Declaration

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, 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 1993 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:

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