

Claim Form for Loss by Theft or Straying

Please complete the claim form fully, using a black pen and block capitals.
 Please complete a separate form for each horse.
 Issue of this form does not constitute admission of liability on the part of the Insurers.
 Please send completed claim form to: Petplan Equine, 1-3 Smolic Crt, Tullamarine VIC 3043

We're happy to help!
 If you have any questions call us on
1300 791 311



1. Policyholder to complete		POLICY NUMBER			
2. Policyholder to complete		ABOUT YOU		Postal 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 HORSE		Age	
Horse's name				Date of birth / /	
Breed				Date of purchase / /	
Stallion/Cult <input type="checkbox"/>		Mare/Filly <input type="checkbox"/>		Purchase price \$	
Gelding <input type="checkbox"/>				Value at time of loss \$	
4. Policyholder to complete		DETAILS OF LOSS		Details of police station the theft of your horse was reported to	
When did you first notice your horse missing? <i>(a claim cannot be submitted until 30 days have elapsed)</i>				Name	
Date / /		Time AM / PM		Address	
Place					
Where and when was your horse last seen?				Postcode	
Date / /		Time AM / PM		Contact no.	
Place				Date reported / /	
Where and when was your horse recovered? <i>(if applicable)</i>				Police report no.	
Date / /		Time AM / PM		Details of all veterinary surgeries the loss of your horse was reported to <i>(continue on separate sheet)</i>	
Place				Name	
Full circumstances of loss <i>(please continue on a separate sheet if necessary)</i>				Address	
				Postcode	
				Contact no.	
				Date reported / /	
5. Policyholder to complete		DETAILS OF ADVERTISING/REWARD		Have you paid a reward? <i>(agreed in advance with Petplan)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you made enquiries or advertised for information? Yes <input type="checkbox"/> No <input type="checkbox"/>				Details of reward	
Details of advertising				Name	
Amount claimed \$				Address	
Amount claimed \$					
Amount claimed \$				Postcode	
Amount claimed \$				Contact no.	
Amount claimed \$				Amount claimed \$	

Claim Form for Loss by Theft or Straying cont...

6. Reporting Officer/Vet to complete	DECLARATION	Police/vet practice stamp
Date reported _____ / _____ / _____ Police report no. _____ I confirm that the loss of the above horse has been reported		
Signature of reporting officer or vet _____ Date: _____ / _____ / _____		

7. Policyholder to complete	PAYEE DETAILS
PLEASE COMPLETE ONE OF THE FOLLOWING Cheques will be automatically made payable to the policyholder(s) named on your Certificate of Insurance, unless we are instructed otherwise.	
<input type="checkbox"/> A. Pay Policyholder(s) - please tick I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.	
<input type="checkbox"/> B. Issue Cheque with a different name to Policyholder(s) - please tick I/We wish to have the Cheque issued with the following details. Name _____ Account Name _____	

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.) <i>Please tick relevant box to indicate document attached</i>
<input type="checkbox"/> Proof of purchase (such as a receipt) <input type="checkbox"/> Branding documentation/Pedigree <input type="checkbox"/> Receipts to support advertising expenses <input type="checkbox"/> Receipts, including name, address and telephone number of recipient, to support a claim for reward <input type="checkbox"/> Written confirmation of loss by the police or veterinary surgeon. If written confirmation cannot be provided an official Police/Veterinary stamp and other information requested will be required <input type="checkbox"/> Any other relevant documents

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, and includes all necessary documents. Please complete the checklist, read the Privacy statement and sign the form below.
<input type="checkbox"/> Are all the sections of the claim form completed? <input type="checkbox"/> Have you included all necessary documents with your claim? <input type="checkbox"/> Have you signed the claim form?
<small>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 1300 738 225 EST 8:30am-6pm Mon-Fri and advise us of the changes.</small> <small>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).</small> <small>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.</small> 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 <input checked="" type="checkbox"/> _____ Date: _____ / _____ / _____