

Claim Form for Saddlery & Tack

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 animal

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	Address where horse is kept
Horse's name		_____
Do you own any other horses not insured by Petplan? Yes <input type="checkbox"/> No <input type="checkbox"/>		_____
Was tack belonging to those horses stolen/damaged as a result of the same incident? Yes <input type="checkbox"/> No <input type="checkbox"/>		_____ Postcode
4. Policyholder to complete	ABOUT YOUR HOUSEHOLD CONTENTS INSURER	Policy no.
Insurer's name		_____
Address		_____
_____		_____
_____ Postcode		_____
Contact no.		_____
		Are there any other Insurance policies covering the same Saddlery & Tack? Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, please provide details

		Have you made any claim against any other policy in respect of this Saddlery & Tack? Yes <input type="checkbox"/> No <input type="checkbox"/>
		If yes, please provide details

5. Policyholder to complete	ABOUT THE MISSING/DAMAGED ITEMS	Description
Are you the sole owner of the items? Yes <input type="checkbox"/> No <input type="checkbox"/>		_____
If no, please give full details		_____
_____		Was it purchased new or second hand?
_____		Date of purchase / /
Replacement value of all Saddlery & Tack you owned at the time of loss \$		Purchase price \$
Please describe each stolen/damaged item, giving brand name where appropriate		Replacement value \$
Description		Description
_____		_____
Was it purchased new or second hand?		Was it purchased new or second hand?
Date of purchase / /		Date of purchase / /
Purchase price \$		Purchase price \$
Replacement value \$		Replacement value \$
Description of item		Description
_____		_____
Was it purchased new or second hand?		Was it purchased new or second hand?
Date of purchase / /		Date of purchase / /
Purchase price \$		Purchase price \$
Replacement value \$		Replacement value \$
		Total amount being claimed \$

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6. Policyholder to complete

ABOUT THE LOSS/THEFT/DAMAGE

When did the loss/theft/damage occur? / / AM/PM

When were the items last seen by you? / / AM/PM

Please give exact location/address of loss/theft/damage

Please give full details of how the loss/theft/damage occurred including the name(s) of any witnesses, and in the case of theft how entry was gained, etc

Please explain precautions taken to prevent the loss/theft/damage, including details of locks on doors and windows if your claim involves theft from a building

Please explain what steps have been taken to recover the lost items

In respect of damage claims, is the damage repairable? Yes No

When were the Police informed? / / AM/PM

Station name

Address

Postcode

Contact no.

Officer's name and no.

Crime report no.

Police Station stamp here

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 PHONING 1300 738 225 OR EMAILING INFO@PETPLAN.COM.AU. THE RECOVERED ITEMS ARE THE LEGAL PROPERTY OF PETPLAN AND IS REQUIRED AS SALVAGE.

Cheques will be made payable to the policyholder(s) unless we are instructed otherwise. We will not pay your vet unless it has been previously agreed with them to do so.

B. Pay Policyholder(s) - please tick

I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

C. Issue Cheque with a different name to Policyholder(s) - please tick

I/We wish to have the Cheque issued with the following details.

Name _____

DOCUMENTS REQUIRED IN SUPPORT OF A CLAIM

If you are unable to send all documents please offer an explanation. (Please ensure all supporting documentation is submitted to avoid the claim being delayed.)

- Two quotations for current replacement cost of exact equivalent item(s)
- Saddler's written confirmation that each item is damaged beyond repair (stating the approximate value before damage)
- Two estimates for repair (if applicable)
- Crime report (if applicable)
- Original purchase receipts

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 by You, and includes all necessary documentation.

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

- Are all the sections of the claim form completed?
- Have you included all necessary documents with your Claim?
- Have you 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 1300 738 225 EST 8:30am-6pm 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: / /