

# 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](mailto:claims@petplan.com.au). To expedite your claim, we recommend sending us all documents electronically.

## 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](mailto: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 submit the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## Claim checklist

Before sending in your claim form, please ensure the following:

You have fully completed all relevant sections on this claim form.

You have attached the required evidence and/or fully itemised invoice(s) listed below.

Please also provide for the applicable section:

Item(s) Being Claimed for	Evidence and/or invoice(s) required
Holiday cancellation <i>(Please complete sections 1, 2 and 5)</i>	Invoice from the vet, travel booking invoice and cancellation invoice, receipts of extra travel expenses. <i>The invoices must show the booking date, dates of the journey, cancellation date and total cost of the holiday and any expenses that cannot be recovered.</i>
Boarding kennel fees <i>(Please complete sections 1, 2 and 5)</i>	Medical certificate, boarding kennel/pet sitter invoice <i>(showing dates and daily costs involved)</i>
Loss by theft or straying <i>(Please complete sections 1, 3 and 5)</i>	Evidence of advertising, purchase receipt for you pet, original or signed copy of pedigree certificate <i>(if qualified)</i> , missing pet report from an appropriate authority, if missing during a journey - the booking invoice or official document with journey dates.
Advertising and reward <i>(Please complete sections 1, 4 and 5)</i>	Invoices and receipts of costs involved, receipt for any reward paid, missing pet report from an appropriate authority.

# Non-Veterinary Fees 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](mailto:claims@petplan.com.au)

## Section 1. Your details

Policy no. :

Your name:

Contact no. :

Email:

Address:

Postcode:

State:

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

Pet's name:

Pet's date of birth:

Is this pet insured with any other company?    Yes    No

If yes, what is the name of the insurance company?

## Section 2. Please complete this section for holiday cancellation/emergency repatriation/denied re-entry/loss of documents

Holiday dates:    From:

To:

Reasons for cancellation (for holiday cancellation only):

*If you require more space for explanation, you may attach additional pages.*

Details of irrecoverable expenses	Amount claimed
	\$
	\$
	\$
	\$

## Section 3. Please complete this section for boarding kennel fees

Name of kennel/home carer:

Contact No. :

Date of boarding/home care from:

To:

Total boarding fees: \$

## Section 4. Please complete this section for loss by theft or straying/advertising and reward

Address where loss occurred (if different from above):

### Details of loss

Where and when was your pet last seen? Date: \_\_\_\_\_ Place: \_\_\_\_\_

Where and when was your pet recovered? Date: \_\_\_\_\_ Place: \_\_\_\_\_

Full circumstances of loss (please continue on a separate sheet if necessary):

### Details of advertising and reward

Are you claiming for:      Advertising and/or      Reward

Details of advertising/reward	Amount claimed
	\$
	\$
	\$
	\$

Was the reward agreed in advance with Petplan?      Yes      No

Name of person who found pet: \_\_\_\_\_

Contact no. : \_\_\_\_\_

## Section 5. 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.

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, that you have read and acknowledged the above declaration.

Date: \_\_\_\_\_