

Veterinary fee claim form

Claims must be submitted in writing to the administrator of Petinsurance.com.au, at the address set out in this form together with the original itemised invoice, relevant clinical records and/or veterinary history and receipts for payment of veterinary expenses incurred, unless otherwise stated in the policy document.

Note:

- If this is your pet's first claim, please attach all relevant invoices and clinic records from your vet. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it. If you do not provide this information as requested, there may be a delay in assessing your claim.
- Faxed claims will not be accepted.
- Please use a black pen and print in CAPITALS.
- If you have any questions about your claim please call 1300 855 663 between 8.00am - 8.00pm (AEST) Monday to Friday.

1. To be completed by the Policy Holder

Petinsurance.com.au policy number

Policy owner's details

Title First name Surname

Address

Suburb State Postcode

Phone (including area code) Email

Pet Details

Pet's name Dog Cat Date of Birth Desexed Yes No Gender

Breed Colour

2. Record of veterinary services

Please ask your vet to complete in order to ensure efficient processing of your claim.

Type and cause of injury or condition/diagnosis	Treatment dates	Dates of first signs or symptoms (include dates of previous related conditions)	Total charges
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Please attach radiology and/or pathology reports and consultation notes where applicable

When was the pet registered at your practice? Date of last vaccination/booster

Type of vaccination

Have you supplied a full veterinary history if this is your first Specified Accidental Injury or Illness claim? Yes No

Notes

Turn over to finish marking your territory



3. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect processing or assessment of the claim has been withheld. I/We 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. I/We confirm that the account(s) submitted with this claim have been paid in full and I/We understand that the Administrator will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of Policy Holder	Date	Signature of veterinarian	Date
<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Name of attending veterinarian and practice		Veterinarian registration no.	Registration state
<input type="text"/>		<input type="text"/>	<input type="text"/>

Make a claim in three easy steps

Step 1

Fill in your and your pet's information and sign the claim form.

Step 2

Take the form to your vet, and ask your vet to fully complete section 2 and sign the form in section 3.

Step 3

Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.

Then mail to the address below:

Petinsurance.com.au – Claims Department,
Locked Bag 9021, Castle Hill, NSW 1765

How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. If submitting a claim for the first time, a full veterinary history from the attending vet and any previous vets who has treated your pet is required. For subsequent claims, consultation notes and itemised invoice may be sufficient to process your claim.

How your claim will be paid

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account. If you have elected to pay your premiums by credit card you will receive a cheque as payment of your benefits unless you have already updated your nominated bank account with us. Following the payment of your claim you will also receive a statement confirming payment.

Claim checklist

- You have attached a full veterinary history (medical records from previous veterinary visits) if this is your first claim (no history is required for Routine Care claims)
- You have completed the claim form
- You have attached the original itemised invoices and receipts
- You and your vet have signed this form

Need more claim forms?

You can access copies of this form online at petinsurance.com.au or by calling 1300 855 663.

If you have any questions about your claim, please call 1300 855 663, 8.00am – 8.00pm (AEST) Monday to Friday.

Disclaimer: It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution.

Neither Petinsurance.com.au, nor any of its related entities, directors or employees guarantees the assessment or payment of claims under any policy issued and underwritten by Hollard.

Please mail completed claim form to:

Petinsurance.com.au – Claims Department, Locked Bag 9021, Castle Hill NSW 1765 or fax both sides of this form with all accompanying documentation to 1300 367 229.

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