

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 de comple	ted by the Po	licy Holder													
Petinsurance.com.a	au policy number														
Policy owner's deta						C									
Title	First name					Surname	2								
Address															
Suburb						State					Post	code			
Phone (including are	ea code)					Email									
Pet Details															
Pet's name				Dog	Cat	Dat	te of Birth				Desex			Gend	er
												Yes	No		
Breed						Colour									
2. Record of vete			-66:-:			-:									
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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 Name of attending veterinarian and practice Veterinarian registration no. Registration state Make a claim in three easy steps Claim checklist

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 yet 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.

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.

Petinsurance.com.au is issued by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473, AFSL 241436, is arranged and administered by PetSure (Australia) Pty Ltd ABN 95 075 949 923, AFSL 420183 (PetSure) is promoted by PetSure's Authorised Representative (AR) Pet Insurance Pty Ltd ABN 38 607 160 930, AR 1234944 and distributed by Velocity Frequent Flyer Pty Ltd ACN 601 408 824. Any advice provided is general only and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) to ensure this product meets your needs before purchasing. PDS and Target Market Determination available at petinsurance.com.au.