



Dog and Cat Claim Form for Death

Please note there are items that are not claimable under your Policy, these include, but not limited to: routine and preventative healthcare (shampoo, nail clipping, teeth cleaning, worming, desexing and vaccinations), any illness that occurred within your waiting period and or were a pre-existing condition. If in doubt, please refer to your PDS and Certificate of Insurance. Please also check your policy's excess amount before completing this form.

How to make a claim:

Step 1 Please complete Section 1 of this claim form

Step 2 Attach the original invoices and receipts to the completed claim form as listed in Section 2 and post, fax or email to:

Petcover Customer Care 1-3 Smolic Crt, Tullamarine, VIC 3043 Fax: 03 9339 3377 Email: info@petcover.com.au

Section 1. Policyholder to complete

Policy number _____ Your Name _____

Contact no. _____ Email _____

Postal address _____ State _____ Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

Pet's name _____ Pedigree name (if applicable) _____ Dog Cat

Pet's date of birth _____ Breed _____ Male Female

Date of purchase _____ Seller's name _____

Seller's address _____ Postcode _____

Purchase price \$ _____ Amount claimed \$ _____

Death from illness or disease

Date of commencement of illness _____

Date of death _____

Cause of death _____

Death from accident

Date of accident _____

Date of death _____

Cause of death _____

Full circumstances of accident (please continue on a separate sheet if necessary) _____

Payee details

PLEASE COMPLETE ONE OF THE FOLLOWING Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.

Pay Vet. I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items. Name of the vet practice _____

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

Electronic payment into policyholder's bank account
(If you pay your premium by bank account, we will transfer your claim amount to this account)

Electronic payment into a chosen bank account
(If you pay your premium by credit card, we will transfer your claim amount to the Bank account nominated below)

Account name _____ BSB _____ Account number _____

Section 2. 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.) *Please tick relevant box to indicate document attached*

- Proof of purchase (such as a receipt)
- Copy of Pedigree certificate Kennel/Cat Club registration if applicable
- Certificate signed by the Veterinary Surgeon stating the date and cause of death (not required if supported by a Claim for Veterinary fees).
- Statement supporting your claim from someone - not a family member - confirming date and cause of death (if applicable).

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 documents.

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 731 324 EST 8:30am-5pm Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Petcover. 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 Petcover 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 ____/____/____

What happens next:

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible.

If you have any questions about your claim please call us on 1300 731 324 between 8:30am – 5:00pm (AEST) Monday to Friday.