Claim Form

YOUR DETAILS

Policy Number:

Name of Pet:

Name of Insured:

Address:

Postcode:

Home Phone:

Work Phone:

Mobile:

Email:

HOW TO CLAIM

- Before your pet is treated, you must make sure that the veterinarian is prepared to provide the information or documentation to support the claim.
- Claims submitted without the information or documentation to support the claim, will not be eligible for reimbursement and may be returned to you. Claims must include:
  - All original itemised invoices to support costs.
  - A copy of your pet's clinical notes pertaining to the invoices being claimed.
  - All receipts and clinical history documents are to show the date of visit , pet's name and policy holder's name.
- Please be sure to sign the declaration.

CLAIM DETAILS

Visit Date	Vet Clinic	Clinical Symptoms	Amount Claimed

PAYMENT DETAILS

Preferred Payment Method

☐ Cheque ☐ Direct Credit

Bank Account Details (if different from previous claim)

Bank | Branch | Account Number | Suffix

DECLARATION

I declare:

1. The information given in support of these claims is true and complete.
2. I authorise the disclosure to Pet Protect Insurance Limited of my personal information held by anyone else in connection with these claims.

Signature of Insured: Date: