



# FREE 30-DAY PUPPY & KITTEN PET INSURANCE POLICY CLAIM FORM

Claims must be submitted by email to the administrator of Pet Insurance Australia at the email address set out in this form, together with a copy of the itemised invoice and receipts for payment, unless otherwise stated in the policy document.

- NOTE:**
- **Please attach a complete veterinary history (medical records)** from all current and previous veterinary clinics. If you have previously provided this information 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 would like any assistance, please call 1800 043 552 between 8.00am - 8.00pm (AEST) Monday to Friday.

## 1. POLICY OWNER / PET DETAILS

Free 30-Day Puppy and Kitten Insurance Policy Number

### Policy owner's details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone (including area code)	Email
<input type="text"/>	<input type="text"/>

### Pet details

Pet's name	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Date of Birth	Desexed
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breed	Colour	Gender		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F		

## 2. BENEFIT PAYMENT

Name(s) of account holder(s)

Name of financial institution

BSB number	Bank account number
<input type="text"/>	<input type="text"/>

If you would like your claim reimbursement to be deposited into your account, please provide the relevant **account details** here. Alternatively, we can provide your benefit via a cheque.

All accounts/receipts and any documents supporting your claim will be retained by Pet Insurance Australia.

Please turn over

### 3. 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 clinical signs (include dates of previous related conditions)	Total charges
	D D M M Y Y		\$
	D D M M Y Y		\$
	D D M M Y Y		\$

Please attach radiology and/or pathology reports where applicable

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

Type of vaccination

Have you supplied a full veterinary history if this is your client's first Accident or Illness claim?  Yes  No

NOTES

### 4. 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 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 owner	Date	Signature of veterinarian	Date
<input type="text"/>	D D M M Y Y	<input type="text"/>	D D M M Y 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 3 and sign the form in section 4.

**STEP 3** Scan both pages of this claim form, the itemised invoice and receipts for payment and complete veterinary history (medical records) from all current and previous veterinary clinics. The copy may be scanned or a clear photograph. Ensure your vet includes their practices details on the original invoice.

**THEN EMAIL TO:**  
freecover@petinsuranceaustralia.com.au

### HOW YOUR CLAIM IS ASSESSED

Once the necessary documentation is received, your claim will be processed without delay and payment will be made to the policy holder by cheque or directly into a nominated account. If submitting a claim for the first time, a full veterinary history from the attending vet and any previous vets who have 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

Your benefit will be paid into your nominated bank account or by cheque. Following the payment of your claim you will also receive a statement confirming payment.

### CLAIM CHECKLIST

- You have completed the claim form
- You and your vet have signed this form
- You have included the original itemised invoices and receipts
- You have included a full veterinary history (medical records from previous veterinary visits) if this is your first claim

### NEED MORE CLAIM FORMS?

If you need more claim forms or have any questions about your claim, please call 1800 043 552 8.00am - 8.00pm (AEST) Monday to Friday

Neither Pet Insurance Australia, 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 email completed claim form to: [freecover@petinsuranceaustralia.com.au](mailto:freecover@petinsuranceaustralia.com.au)