



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.

For Internal use only



Dog and Cat Claim Form for Boarding Kennel Fees

Please note there are items that are not claimable under your Policy, including, 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 the excess amount on your policy before completing this form.

How to make a claim:

- Step 1** Please complete and sign Section 1 of this claim form
- Step 2** Take the claim form to your GP/Hospital Physician/Surgeon and ask them to complete Section 2 and sign
- Step 3** Take the claim form to Boarding kennel proprietor/home carer and ask them to complete Section 3 and sign
- Step 4** Attach the original invoices and receipts to the completed claim form as listed in Section 4 and post, fax or email to:
Pet Insurance by The Warehouse, PO Box 112250, Penrose Auckland 1642 Fax: 09 353 1554 Email: claims@thewarehousepetinsurance.co.nz

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.

Address where Pet resides (if different to above) _____

Address where loss occurred (if different to above) _____

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 \$ _____

Declaration By Policyholder

By signing this form, I authorise Pet Insurance by The Warehouse to provide organisations with information about my policy in respect of this claim and organisations to provide Pet Insurance by The Warehouse with all information relating to my pet. I also confirm that I am the policyholder and I have checked the information given on this form and that it is all correct to the best of my knowledge.

Signature X _____ Date _____

Section 2. Policyholder's GP/Hospital Physician/Surgeon to complete

Details of the illness

Patient's name _____ Name & address of GP _____

_____ Postcode _____

Contact no. _____ Condition requiring hospital treatment _____

Date of first visit to any doctor for this condition _____ Hospitalisation dates: from _____ to _____

Name & address of admitting hospital _____ Postcode _____

I confirm that to the best of my knowledge the statements are true in every respect.

Signature of GP/Hospital Physician/Surgeon X _____ Date _____

Section 3. Boarding kennel proprietor/home carer to complete

Details the boarding kennel

Owner's name _____ Name & address of kennel/home carer _____
_____ Postcode _____

Contact no. _____ Date of boarding/home care: from _____ to _____

Boarding fees per day \$ _____ Total fees \$ _____

I confirm that to the best of my knowledge the statements are true in every respect.

Signature of boarding kennel proprietor/home carer X Date: _____

Payee details

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

Account name _____ BSB _____ Account number _____

Section 4. 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*

Invoices/receipts from boarding kennel/home carer

INCOMPLETE CLAIM FORMS will be returned to the policyholder(s) In order for your claim to be processed in a timely manner please make sure you have completed the claim form in full and it is signed.

Please complete the checklist, read the Privacy statement and sign the form below.

Are all the sections of the claim form completed?

Have you and your GP and boarding kennel 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 0800 968 687 8:30am-5pm Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Petplan. 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 Petplan 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 X 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 0800 968 687 between 8:30am – 5:00pm Monday to Friday.