



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 Loss by Theft or Straying

Please complete the claim form fully, using a **black pen** and **block capitals**. Please complete a separate form for each pet. Issue of this form does not constitute admission of liability on the part of the Insurers.

How to make a claim:

Step 1 Please complete and sign 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:

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 _____ Purchase price \$ _____ Value at time of loss \$ _____

Where did you purchase your pet? _____ Contact no. _____ Email _____

Postal address _____ State _____ Postcode _____

Details of loss

When did you first notice your pet missing? Date _____ Time _____ AM / PM Place _____

(a claim cannot be submitted until 90 days have elapsed)

Where and when was your pet last seen? Date _____ Time _____ AM / PM Place _____

Where and when was your pet recovered? Date _____ Time _____ AM / PM Place _____

(if applicable)

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

Details of all organisations the loss of your pet was reported to *(please continue on a separate sheet if necessary)*

1. Name _____ Address _____ Postcode _____

Contact no. _____ Date reported _____

2. Name _____ Address _____ Postcode _____

Contact no. _____ Date reported _____

Details of advertising/reward

Have you made enquiries or advertised for information? Yes No

Details of advertising _____ Amount claimed \$ _____

Have you paid a reward? Yes No Was the reward agreed in advance with Pet Insurance by The Warehouse? Yes No

Details of reward _____

Name _____ Address _____ Postcode _____

Contact no. _____ Amount claimed \$ _____

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER AND THIS WILL DELAY YOUR CLAIM

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.

If any reward is being claimed for, I confirm that it has not been paid to:

- a member of your family or any person living with you or employed by you, including any person travelling with you during your journey
- the person who was caring for your pet when it was lost or stolen
- the person who stole your pet or any person who is in collusion with the person who stole your pet.

Please note: in cases where a missing pet is recovered subsequent to a payment of a claim the policyholder agrees to reimburse Pet Insurance by The Warehouse the full amount received in respect of their claim.

Signature X Date _____

Declaration By Reporting Officer

Date reported _____ Police report no. _____

I confirm that the loss of the above pet has been reported.

Signature of reporting officer or vet X

(Police/vet practice stamp)

Date _____

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
- Receipts to support advertising expenses
- Receipts, including name, address and telephone number of recipient, to support a claim for reward
- Written confirmation of loss by the police or veterinary surgeon. If written confirmation cannot be provided an official Police/Veterinary stamp and other information requested will be required
- Any other relevant documents

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 _____

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-6pm 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.

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