



For internal use only

Equine 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 horse. 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** Take the claim form to a Reporting / Police Officer and ask them to complete Section 2 and sign
- Step 3** Please complete Section 3. Payee details
- Step 4** Attach the police report and any other supporting documentation to the completed claim form 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

About You

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) _____

About Your Horse

Horse's name _____ Breed _____

Stallion/Colt Mare/Filly Gelding Age _____ Date of birth _____

Date of purchase _____ Purchase price \$ _____ Market value at time of loss \$ _____

Details of Loss

When did you first notice your horse missing? *(a claim cannot be submitted until 30 days have elapsed)*

Date _____ Time _____ AM/PM Place _____

Where and when was your horse last seen?

Date _____ Time _____ AM/PM Place _____

Where and when was your horse recovered? *(if applicable)*

Date _____ Time _____ AM/PM Place _____

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

Details of police station the theft of your horse was reported to. Name _____

Address _____ Postcode _____

Contact no. _____ Date reported _____ Police report no. _____

Details of all veterinary surgeries the loss of your horse was reported to *(continue on separate sheet)*. 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 \$ _____

_____ Amount claimed \$ _____

Have you paid a reward? *(agreed in advance with Pet Insurance by The Warehouse)* Yes No

Details of reward _____

Name _____ Address _____ Postcode _____

Contact no. _____ Amount claimed \$ _____

Declaration By Policyholder

I confirm that I am the policyholder and I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Signature X Date _____

Section 2. Reporting Officer to complete

Date reported _____ / _____ / _____ Police report no. _____

I confirm that the loss of the above horse has been reported

Signature X

(Police/vet practice stamp)

(Reporting officer or vet) _____ Date _____ / _____ / _____

Section 3. 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 _____ 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

- Proof of purchase (such as a receipt)
- Branding documentation/Pedigree
- 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 reporting officer. If written confirmation cannot be provided an official Police/Reporting officer stamp and other information requested will be required
- Any other relevant documents

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, 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 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.



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.