



For internal use only

Equine Claim Form for Saddlery & Tack

Please complete the claim form fully, using a **black pen** and **block capitals**. Please complete a separate form for each item. 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** Please complete Section 2. Payee details
- Step 3** Attach the original invoices and receipts 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 insured items were stored _____

Address where loss occurred (if different to above) _____

About Your Horse

Horse's name _____ Do you own any other horses not insured
 by Pet Insurance by The Warehouse? Yes No
 Was saddlery/tack belonging to those horses stolen/damaged as a result of the same incident? Yes No
 Address where horse is kept _____ State _____ Postcode _____

About Your Household Contents Insurer

Insurer's name _____
 Address _____ State _____ Postcode _____
 Contact no. _____ Policy no. _____
 Are there any other Insurance policies covering the same Saddlery & Tack? Yes No
 If yes, please provide details _____
 Have you made any claim against any other policy in respect of this Saddlery & Tack? Yes No
 If yes, please provide details _____

About The Missing/Damaged Items

Are you the sole owner of the items? Yes No
 If no, please give full details _____

Replacement value of all Saddlery & Tack you owned at the time of loss \$ _____

Please describe each stolen/damaged item, giving brand name where appropriate:

Description _____	Was it purchased new or second hand? _____
Date of purchase _____ Purchase price \$ _____	Replacement value \$ _____
Description of ite _____	Was it purchased new or second hand? _____
Date of purchase _____ Purchase price \$ _____	Replacement value \$ _____
Description _____	Was it purchased new or second hand? _____
Date of purchase _____ Purchase price \$ _____	Replacement value \$ _____

TOTAL amount being claimed \$ _____

About The Loss/Theft/Damage

When did the loss/theft/damage occur? Date ____ / ____ / ____ Time _____ AM/PM

When were the items last seen by you? Date ____ / ____ / ____ Time _____ AM/PM

Please give exact location/address of loss/theft/damage _____

Please give full details of how the loss/theft/damage occurred including the name(s) of any witnesses, and in the case of theft how entry was gained, etc

Please explain precautions taken to prevent the loss/theft/damage, including details of locks on doors and windows if your claim involves theft from a building

Please explain what steps have been taken to recover the lost items _____

In respect of damage claims, is the damage repairable? Yes No

When were the Police informed? Date _____ Time _____ AM/PM

Station name _____ Address _____ Postcode _____

Contact no. _____ Officer's name and no. _____

Crime report no. _____

(Police/vet practice stamp)

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 _____

Please retain any damaged items, they may be required as salvage - if some or all of your stolen items are recovered by police you must advise us immediately. If we have already paid your claim prior to police recovering your stolen items you must immediately advise us by phoning 0800 968 687 or emailing info@thewarehousepetinsurance.co.nz. The recovered items are the legal property of Pet Insurance by The Warehouse and is required as salvage.

Section 2. 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 _____

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.