

How to claim in 2 easy steps

Step 1: Please complete the claim form on the following page.

Step 2: Send the form with all necessary documentation via email to claims@thewarehousepetinsurance.co.nz. To expedite your claim, we recommend sending us all documents electronically.

How your claim will be paid

- ▶ If you have elected to pay your premium by direct debit, your benefits will be paid directly into your nominated bank account.
- ▶ If you pay your policy other than by Direct Debit, please add your bank account details in the payment options section on this claim form. If you leave the payment section blank, we may elect to issue a bank cheque. Please note, we can only pay benefits to the policyholder(s).
- ▶ If you want us to pay your vet, please nominate this in the section 'payment options'. Please note, this option is only available, if all parties involved consent to this payment option.

Contact us

If you have any questions about your claim please call us on **0800 968 687** (between 8:30 - 17:00 NZST Mon - Fri) or email us at claims@thewarehousepetinsurance.co.nz

Note: We reserve the right to request additional information or original documents for submitted claims. We will advise you if we need this once we receive your claim form.

Tip: Should you not have access to a scanner then we are happy for you to simply take a picture with your mobile phone camera or ask your vet to directly send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

Claim checklist

Before sending in your claim form, please ensure the following:

- You have fully completed all relevant sections on this claim form.
- You have attached the required evidence and/or fully itemised invoice(s) listed below.

If this is your first claim, your last claim was more than 12 months ago or if in doubt, please provide:

The full clinical history from both current and previous veterinary practices if your claim relates to permanent loss of use or death by illness or injury.

Item(s) Being Claimed for	Evidence and/or invoice(s) required
Permanent loss of use <i>(Please complete sections 1, 2 and 6)</i>	Full vet history, vet report, purchase receipt or loan agreement.
Death by illness or injury <i>(Please complete sections 1, 3 and 6)</i>	Full vet history, post-mortem (if required), purchase receipt or loan agreement, vet euthanasia fee receipt.
Disposal <i>(Please complete sections 1, and 6)</i>	Disposal fee receipts.
Loss by theft of straying <i>(Please complete sections 1, 4 and 6)</i>	Horse purchase receipt or loan agreement, police report.
Advertising and reward <i>(Please complete sections 1 and 6)</i>	Police report, other evidence, costs incurred receipts, reward receipt, purchase receipt or loan agreement, pedigree certificate.
Loss of irrecoverable entry fees <i>(Please complete sections 1, 5 and 6)</i>	Event fees receipts, hospital medical certificate.

Non-Veterinary Fees Claim Form

Claim received on (The Warehouse use only):

Please complete the claim form and forward to us with the relevant documents to claims@thewarehousepetinsurance.co.nz

Section 1. Your details

Policy no. : Your name:
Contact no. : Email:
Address: Postcode: Town:
Address when your Horse resides:

Please tick here if the above is different to the address on your certificate of insurance. Your policy records will be updated with these details.

Horse's name: Horse's date of birth:

Is this horse insured with any other company? Yes No If Yes, name of insurer:

Section 2. Permanent loss of use

What was the horse being used for when permanent loss of use occurred?

Was anyone else responsible for your horse when it was injured or became ill? Yes No If Yes, name/s:

Section 3. Death by illness or injury

What was the horse being used for at time of illness or injury?

Was anyone else responsible for your horse at time of death? Yes No If Yes, name/s:

Was your horse's illness or injury resulting in death?

Was the horse euthanised due to the illness or injury? Yes No

Section 4. Loss by theft or straying

Your horse must have been missing for over 90 days, and you have notified police and advertised.

What are you claiming for (Please tick one or both): Advertising Reward

When did you first notice your horse missing? Date: Time:

Who your horse was last seen by? Date: Time:

Where was your horse last seen?

When was your horse recovered (if applicable)? Date: Time:

Where was your horse recovered?

Police station the theft of or missing horse was reported to?

Date:

Where have you advertised your missing horse?

Have you paid a reward (*agreed in advance with The Warehouse*)? Yes No If Yes, how much did you pay? \$

Payee name:

Contact no. :

Section 5. Loss of irrecoverable entry fees

What is the cause for claiming irrecoverable entry fees? Due to your horse's death. Due to own hospitalisation.

Section 6. Payment and declaration

Payment

Please choose ONE of the following:

Payment into bank account. Please note: If you elected to pay your premium via direct debit, your benefits will be paid directly into your nominated bank account. If your bank details have changed, please complete the fields below. If you leave the payment section blank, we may elect to issue a bank cheque.

Paid to your vet. We/I have arranged with our/my vet to have the policy benefit(s) paid directly to the veterinary practice, less the applicable excess amount and any other non-claimable items. We/I understand and agree that this payment option is only available if all parties (i.e. the veterinary practice, The Warehouse and the policyholder(s) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account name:

BSB:

Account number:

Declaration

Privacy: The Privacy Act 2020 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, 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 via phone or email and advise us of the changes.

We/I certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. We/I 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. We/I understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. We/I authorise any veterinary surgeon who has treated our/my pet to provide to the insurer any details they may require. We/I acknowledge that we/I have read and understood the Privacy Act 2020 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Please tick here, if you have read and acknowledged the above declaration. Date: