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.nz@petcovergroup.com**. To expedite your claim, we recommend sending us all documents electronically.

Claim checklist

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

- ☐ You have fully completed all sections on this claim form.
- ☐ You have attached the full itemised invoice(s) and treatment notes from the veterinary practice or therapist.

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.

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.

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. 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 255 426**
(between 08:30-17:00 NZST Mon-Fri)
or email us at **claims.nz@petcovergroup.com**

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Veterinary Fees Claim Form

Petcover®

Claim received on (Petcover use only):

Please complete the claim form and email to us with the relevant documents to **claims.nz@petcovergroup.com**.

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:

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

Section 2. About the illness or injury

[1](Include dates of previous related or similar conditions)

Is this claim a continuation of a previous claim? ☐ Yes ☐ No Is the illness or injury related to this previous claim history? ☐ Yes ☐ No

Condition/s being claimed for	Treatment date	Dates of first clinical signs[1]	Total charge
			$
			$
			$
			$

What was the horse being used for when it became ill or injured?

Section 3. Payment options and declaration

Please choose ONE of the following:

☐ **Payment into bank account.** Please note, we can only credit amounts into a nominated bank account, **we are unable to pay directly into a credit or debit card.** If your bank details have changed, please complete the fields below.

☐ **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, Petcover and the policyholder(s) involved consent to this payment option. Further details can be found in the insurance terms and conditions.

Account name:

Account number:

☐ Have you attached your invoices and vet notes?

Declaration

Petcover collects personal information (including sensitive information where relevant), directly and from third parties where permitted, to assess and manage claims, determine liability, prevent and detect fraud, and comply with legal obligations. We may disclose your information to veterinarians, other insurers, reinsurers, assessors, valuers, loss adjusters, investigators, the Insurance Reference Service (IRS), service providers, local councils, government agencies, external claims data collectors and others as required or authorised by law. Your information is collected and held by Petcover. You have the right to access and request correction of your personal information by contacting us via phone or email.

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. We/I understand that we/I have the right to access and request correction of personal information held by you. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

For further information about how we collect, use, store and disclose personal information, please refer to our Privacy Policy available at petcovergroup.com/nz/privacy-policy

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