

# Claim Form for Veterinary Fees, Death, or Permanent Loss of Use

Please use a separate form to claim for each unrelated illness or injury.

For Petplan Equine use only

Contacting Petplan Equine

If you have any questions, call:

**0800 255 426**

www.petplan.net.nz

## 1 About you

Your name

Your address and postcode   
  
  Please tick here if this is new or different to the address on your certificate of insurance.

Daytime phone number

E-mail address

Your policy number

*If you are GST rated please supply your GST number.*

## 2 About your horse

Your horse's name  Age

Colour  Height

Sex  Stallion / Colt  Mare / Filly  Gelding

Are you the only owner of the horse?  Yes  No *Tell us who else shares ownership on a separate sheet*

Have you any other insurance for this horse?  No  Yes *Tell us the details on a separate sheet*

Was anyone else responsible for your horse when it was injured or became ill?  No  Yes *Tell us the details on a separate sheet*

Name and address of your usual veterinary practice

Name	
Address	
Tel No.	<input type="text"/>

## 3 About your claim

What are you claiming for?

Vets fees  Yes *Have you claimed for this condition before?*  No *Continue to complete claim form*

Permanent loss of use  Yes

Death / Humane destruction  Yes *When was the horse destroyed or when did it die?*

Disposal costs  Yes

Give details of the injury or illness   
 *Please give precise details of the part of the body affected and attach a separate sheet if you need more space*

What was the horse being used for at the time?

Where did the injury happen or the horse first become ill?

When did this happen? time  am / pm  date

When was the vet first called? time  am / pm  date

Are you claiming for the cost of correct shoeing?  No  Yes *If YES, how much does your shoeing normally cost?* \$  per set

*If there was a delay of more than 24 hours before the vet attended please advise the reasons behind this on a separate sheet of paper*

## IMPORTANT NOTES

- Administer
- Petplan Australasia Pty Ltd administer the policy on behalf of Allianz Australia Insurance Limited who underwrites the policy
- If claim is being posted please make a copy of all the original receipts & claim form in case of it being lost in the mail.
- Please include all required documentation - see note in column below for further details
- Use one claim per Animal
- **CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU AND WILL HOLD UP YOUR CLAIM**
- Please send the completed form to :

**Petplan Equine**  
**PO Box 794**  
**Shortland Street**  
**Auckland 1140**

You will need to enclose the following documents with your claim form

These need to be the ORIGINAL documents

### Vets fees

- Veterinary invoice(s)
- Invoice(s) for any Alternative treatment / Corrective Shoeing

### Permanent loss of use

- Vets clinical history report
- Evidence of ownership (if leased copy of Lease Agreement)
- Proof of Purchase (Copy of Receipt)

### Death

- Post mortem report (Unless we tell you this is not required)
- Disposal receipt
- Evidence of ownership (if leased copy of Lease Agreement)
- Proof of Purchase (Copy of Receipt)
- Vets clinical history report

**NOW PASS THIS FORM TO YOUR VET AND ASK THEM TO COMPLETE SECTIONS 4 - 7 AND RETURN THE FORM TO YOU ON RECEIPT OF THE RETURNED FORM PLEASE COMPLETE SECTION 8 AND SEND THE FORM TO PETPLAN EQUINE**

**4 About the injury or illness (for the vet fill in)**

Did the horse die due to this injury or illness?

 Yes

 No

**A post mortem must be carried out unless we have advised this is not required**

Was the horse euthanised due to the injury or illness?

 Yes

 No

Did the horse's condition meet the guidelines set by AVA for immediate destruction?

 Yes

 No

*Illness or injury*

Diagnosis of the illness or injury

*Or give the clinical signs if you have not yet made a diagnosis.*

*Please indicate the exact areas affected.*


*If any illness, injury or clinical signs are related, please use a single column*

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Have you sent us a claim for this illness or injury before?

 Yes

 No or don't know

*go to section 5*

When did this illness or injury first begin?

*(as noted by you, by the client or on the horse's record)*

If the horse has been seen before for:

- this illness or injury;
- any similar or related illness or injury; or
- any similar or related clinical signs;

*please give us the history with dates*

Is the illness or injury likely to need further treatment?

<b>date</b>					
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<b>Details</b>

*Is the illness or injury being claimed for related to this history?*

 Yes

 No

 Yes

 No

**5 Alternative treatment (for the vet to fill in)**

Did you recommend any alternative treatment?

 No

 Yes

*If YES please detail treatment recommended*

*If the horse requires remedial farriery please advise how many feet this is for*

<b>Details</b>

**6 Treatment & fees (for the vet to fill in)**

First and last date of treatment being claimed for

<b>First</b>					
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<b>last</b>					
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*Please attach detailed invoices listing dates, treatment and medication for each illness or injury*

**7 Declaration (for the vet or a person authorised by the vet to fill in & sign)**

I have checked the information on this claim form and as far as I know it is correct

The fees I have charged are no higher than my normal fees

Signature

<b>X</b>
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<b>date</b>					
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Is your practice a Petplan preferred practice?  
*this may help us deal with the claim quicker*

Practice stamp

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**8 Declaration (for you to fill in & sign after your vet has completed sections 4 - 7)**

I claim for the cost of treatment covered by my policy and agree that you will make any payment to the person or practice indicated opposite

 Myself

 Veterinary practice  
*(named opposite)*

 Other  
*(named above)*


Your signature

*if there are two policyholders shown on certificate of insurance each one must sign*

<b>X</b>
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<b>date</b>					
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Your signature

*if there are two policyholders shown on certificate of insurance each one must sign*

<b>X</b>
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<b>date</b>					
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