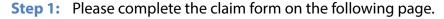


# How to claim in 2 easy steps



**Step 2:** Send the form with all necessary documentation via email to **claims.au@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 relevant sections on this claim form.

The purchase receipt showing the make, model and date of purchase or valuation.

#### If the horse float or vehicle has been stolen:

The police report.

## If the horse float or vehicle is damaged and repairable:

Two estimates for repair.

Photographs showing the damage to the item.

## If the horse float or vehicle is damaged and not repairable:

Written confirmation from the repairer stating the item is damaged beyond repair and stating the current salvage value.

Photographs showing the damage.

## 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).

#### **Contact us**

If you have any questions about your claim please call us on **1300 731 324** (between 9:00 - 17:00 AEST Mon - Fri) or email us at claims.au@petcovergroup.com

**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 to send to us the invoice(s) and supporting document(s) via email. All documents need to be submitted in a legible resolution.

## Float & Horse-Drawn Vehicle Claim Form

**Section 1. Your details** 



Claim received on (Petcover use only):

Please complete the claim form and forward to us with the relevant documents to claims.au@petcovergroup.com

Policy no.:	Your name:		
Contact no.:	Email:		
Address:	Pos	tcode:	State:
Please tick here if the above address is different to the addre	ss on your certificate of insurance	. Your policy records will be u	pdated with these details
Address where insured vehicle were stored:			
Address where loss occurred (if different):			
Section 2. Details of the stolen/missing/dan	naged horse float or h	orse-drawn vehicle	
Year, make & model:		Date of purchase	2:
Chassis/Serial/Identification no.:		Purchase price	2:
Nature and extent of usage:		Current Value	:
What are you claiming for? Damage Stolen Pur	chased new or used? Use	ed New	
If damaged, are the items repairable? Yes No			
Are you the sole owner of the item? Yes No			
If No, name/s:			
When did the theft/loss or damage occur? Date:	Time:		
When were the item/s last seen by you? Date:	Time:		
Full details of how when and where the theft/loss/damage or	curred and in case of theft how	entry was gained etc :	

Name/s of any witness/es:			
Precautions taken to prevent the theft/loss/damage, inc	luding details of locks on doors ar	nd windows if theft was from a buildir	ng:
What steps have been taken to recover the lost items?:			
Were the police informed? Date:	Time:	Did you receive a police report?	Yes No
Station name/location:	Contact no.:	Report no.:	
Please retain any damaged items, they may be required must advise us immediately. If we have already paid you us by emailing claims.au@petcovergroup.com or calling required as salvage.	r claim prior to police recovering	your stolen items you must immediat	ely advise
Section 4: Payment and declaration			
Payment			
Payment into bank account.			
Please note, we can only credit amounts into a nominate or debit card. If your bank details have changed, please		e, we are unable to pay directly into	a credit
Account name:	BSB:	Account number:	
<b>Declaration</b> Privacy: The Privacy Act 2018 requires us to tell you that your loss and entitlement, determine our liability, compi other information to third parties such as other insurers,	ile data and handle claims. When	handling claims, we may disclose you	r personal and

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 2018 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: