

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 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.

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. 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 255 426** (between 8:30 - 17:00 NZST Mon - Fri) or email us at claims.nz@petcovergroup.com

Dog Bite Injury Claim Form

Claim received on (Petcover use only):

Section 1. Your Details

Policy no:

Your name:

Contact no:

Email address:

Address:

Postcode:

Town:

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.

Pet's name:

Pet's date of birth:

Is this pet insured with any other company? Yes No

If yes, what is the name of the insurance company?

Section 2. Dog Bite Injury

1. Details of owners(s) and the other dog(s) involved - if obtained:

(If you own the other dog involved, please go to question 4.)

Name:

Phone number:

Number of dogs:

Email:

Address:

Postcode:

Town:

2. Was the incident reported to the Police/Council?

(If Yes, please advise details of where and to whom. If No, why not? Please provide details below.)

Was the incident reported? Yes No

If yes, please advise details of where and whom.

If not, why not? Please provide details.

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3. Name and contact details of any witness(es) - if obtained:

Name: Phone number:

Other:

Name: Phone number:

Other:

4. Where did the incident occur?

Details:

5. Describe what happened

Details:

Dog Bite Injury Claim Form



6. Was the other dog injured? Yes No Unsure

7. Did the other dog require Vet Treatment? Yes No Unsure

8. Is the other dog insured? Yes No Unsure

9. Is it insured with Petcover Group? Yes No Unsure

10. Describe what measures you have taken to ensure your dog(s) will not be involved in a similar incident in the future.

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Section 3. Payment and Declaration

Payment Please choose ONE of the following:

Payment into bank account.

Please note, we can only credit amounts into a nominated bank account or via bank cheque, **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:

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, that you have read and acknowledged the above declaration.

Date:

Please submit the completed form to claims.nz@petcovergroup.com