AA Pet Insurance

Starter Cover Claim Form

Starter Cover Number:

Once you have completed this claim form and attached all the required documentation please return it to:
Postal Address: AA Pet Insurance, PO Box 33 313, Takapuna, Auckland 0740
Claims Email: claims@aapetinsurance.co.nz

Your Details

Title:	First Name:	Last Name:	
Postal address – Street number and name:			
Suburb:		Town/City:	Postcode:
Home Phone:		Mobile:	
Email:			
Preferred contact method: Phone ◯ Email ◯			

Details of Claim

Pet's Name:	Age/DOB:	
Is this claim for a new illness/injury: ◯ or continuation of an illness/injury: ◯ or Other: ◯		
Is this claim a continuation of a previous claim: Yes ◯ No ◯		
Description of event giving rise to this claim:		
On what date did your pet first present with any signs or symptoms of this condition? / /		

Treatment Costs

Date of Treatment	Condition	Amount Charged	Amount Paid
(Example) 16/04/18	Bee Sting	$90	$90

Starter Cover Checklist

Starter Cover Reminder:

- $100 excess applies for each separate event giving rise to a claim
- Claims must be for events that took place within and treatments carried out during the Starter Cover period
- Claims must be submitted within 30 days of your Starter Cover expiry date
- Please note the Starter Cover excludes routine or elective treatments and all over the counter products (please refer to your Starter Cover Terms and Conditions for further information)

◯ **Signed declaration on claim form**

◯ **Completed claim form** (please ensure one claim form is submitted per individual pet)

◯ **Itemised tax invoice(s)** (please also include evidence of payment e.g. eftpos receipts)

◯ **The vet's clinical notes** (these refer to reports or notes that any vet or specialist makes after each visit for the condition which outlines the diagnosis and treatment)

Payment Details

Our preferred payment method is direct credit to a nominated New Zealand bank account. Please provide bank account details below. (N.B. we **cannot** make payment to a credit card)

◯ **Payment to policy holder**

◯ **Payment to vet** – An arrangement has been made between my vet and I. Payment is to be made directly to the veterinary practice. **Please note claims are paid less the policy excess and any non-claimable items.**

Bank Name: | **Account holder's name:**

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Bank Branch Account Number Suffix

Declaration

PRIVACY

By providing your personal information to us (whether by yourself or through someone on your behalf), you agree and consent to the collection, use and disclosure of your personal information as set out in the Privacy Notice section of the Starter Cover Terms and Conditions. You can seek access to and correct your personal information subject to the provisions of the Privacy Act 1993. If you do not agree to the above or will not provide us with personal information, we may not be able to process your claim.

I DECLARE THAT:

- I have provided all information that is relevant in any way to this claim and the information provided is true and correct to the best of my knowledge.
- I authorise Allianz Partners to obtain any further information required from any person or organisation to fully evaluate this claim.

Signature: **Date:** / /

How can we help?

Call us

0800 700 556

Email us

claims@aapetinsurance.co.nz