

Claims Check List

- 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 20% co-payment and any non-claimable items.**

Bank Name:

Account holder's name:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 policy wording. 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