



For Petplan use only

Equine Claim Form for Float/Horse-Drawn Vehicle

Please use a separate claim form for each animal, each illness or injury and each treating veterinary practice.

How to make a claim:

Step 1 Please complete Section 1 of this claim form

Step 2 Please complete Section 2. Payee details

Step 3 Attach the original invoices and receipts to the completed claim form and post, fax or email to Petplan Equine

Petplan Equine, PO Box 112250, Penrose Auckland 1642 Fax: 09 353 1554 Email: claims@petplan.co.nz

Section 1. Policyholder to complete

About You

Policy number _____ Your Name _____

Contact no. _____ Email _____

Postal address _____ State _____ Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance. Your policy records will be updated with these details.

About Your Horse

Horse's name _____ Do you own any other horses not insured by Petplan? Yes No

Address where horse is kept _____ Postcode _____

About The Float/Horse-Drawn Vehicle

Make & Model _____ Chassis/Serial/Identification No. _____ Year of manufacture _____

Date of purchase _____ Purchase price \$ _____ Current value \$ _____ Place of purchase _____

Nature and extent of general usage _____

Location where vehicle is kept _____

Are you the sole owner of the vehicle? Yes No

If no, please provide full details _____

About The Loss/Theft/Damage

When did the loss/theft/damage occur? Date _____ Time _____ AM/PM

When was the vehicle last seen by you Date _____ Time _____ AM/PM

Please give exact location/address of loss/theft/damage _____

Please give full details of how the loss/theft/damage occurred including the name(s) of any witnesses, and in the case of theft how entry was gained, etc _____

Please explain precautions taken to prevent the loss/theft/damage, including details of locks on doors and windows if your claim involves theft from a building _____

Please explain what steps have been taken to recover the lost vehicle _____

When were the Police informed? Date _____ Time _____ AM/PM Station name _____

Address _____ Postcode _____ Contact no. _____

Officer's name and no. _____ Crime report no. _____

(Police/vet practice stamp)

About The Damage

Is the damage repairable? Yes No

Was any vehicle/horse other than the towing vehicle/horse involved? Yes No

If **yes**, please give details. Name of owner _____

Address _____ Postcode _____ Contact no. _____

Name of insurer _____

Address _____ Postcode _____ Contact no. _____

Policy no. _____

About The Horse-Drawn Vehicle

Was the vehicle fully restored when purchased/acquired? Yes No

If no, what additional work has been carried out, and at what time and cost? _____

Is the estimate provided solely for work to repair the vehicle to pre-accident condition? Yes No

Please provide details of events/shows/displays that have been entered and the results _____

Please provide further details you would like us to consider in determining the pre-accident value _____

Please retain any damaged items, they may be required as salvage - if some or all of your stolen items are recovered by police you must advise us immediately. If we have already paid your claim prior to police recovering your stolen items you must immediately advise us by phoning 0800 255 426 or emailing info@petplan.co.nz. The recovered items are the legal property of Petplan and is required as salvage.

Section 2. Payee details

PLEASE COMPLETE **ONE** OF THE FOLLOWING *Please understand that we will not pay your vet unless it has been previously agreed with them to do so. Please check with your vet prior to selecting your payment option below.*

Pay Vet. I/We have arranged with my/our vet and would like this claim paid directly to them, less my excess and any other non-claimable items.

Name of the vet practice _____

or **Pay Policyholder(s).** I/We wish the claim to be paid to the policyholder(s) name on the Certificate of Insurance.

Electronic payment into policyholder's bank account
(If you pay your premium by bank account, we will transfer your claim amount to this account)

Electronic payment into a chosen bank account
(If you pay your premium by credit card, we will transfer your claim amount to the Bank account nominated below)

Account name _____ BSB _____ Account number _____

Privacy: The Privacy Act 1993 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 and agents, to 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 on 0800 255 426 8.30am-5pm Mon-Fri and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Petplan. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

I/We certify the information given on this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1993 and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Petplan will be unable to process my/our claim.

I confirm that I have checked the information on this claim form and that it is all correct to the best of my knowledge and belief.

Please sign here Date _____ / _____ / _____

What happens next:

Once we receive the necessary documentation, your claim will be processed as quickly and easily as possible. If you have any questions about your claim please call us on 0800 255 426 between 8:30am – 5:00pm Monday to Friday.