

Claim Form



Beneficial Insurance Limited

Level 3, 445 Karangahape Road, PO Box 68 548, Newton, Auckland t. 0800 PET N SUR (0800 738 678) f. 0800 329 424
www.pet-n-sur.com

OWNERS NAME: _____

ADDRESS: _____

TELEPHONE: _____ (hm) _____ (wk) _____ (mob) _____

EMAIL: _____

PETS NAME: _____

TYPE OF PET: Cat Dog

SEX OF PET: Male Female

BREED: _____ AGE: _____

POLICY NUMBER: _____

CLAIM TYPE: Medical Surgical Other

Details regarding your Pets illness or injury or details regarding other benefits

NATURE OF ILLNESS OR INJURY: _____

DETAILS OF OTHER BENEFIT: _____

DATE ON WHICH VET FIRST EXAMINED YOUR PET FOR THIS ILLNESS OR INJURY: ____ / ____ / ____

HAS YOUR PET PREVIOUSLY SUFFERED FROM THE ILLNESS OR INJURY FOR WHICH YOU ARE NOW CLAIMING?

YES NO IF 'YES', GIVE DETAILS: _____

Tick one - Please pay by cheque Please pay automatically

Payee details

Pay to the credit of: Name of Bank: _____ Branch: _____

Name of Account: _____

Bank/Branch/Account Number/Suffix:

Details to appear on payee's Bank statement:

Particulars (max 12 characters)

Code (max 12 characters)

Reference (max 12 characters)

I the undersigned declare that I am the owner referred to above and that the statements are true in every respect with concern to my Pets claim and also authorise Beneficial Insurance Limited to obtain any other information required in order to assess this claim at my cost.

SIGNATURE: _____ DATE: ____ / ____ / ____

IMPORTANT: Your Pet's Veterinarian must complete the Illness or Injury section of the report on the reverse of this form.

Vet Report



NAME OF PET: _____

1. Nature of illness or injury
2. If it is an injury; are the appearances of the injury consistent therewith and do you believe they were so caused?
3. On what date did the owner first consult you in connection with the illness or injury to their Pet?
4. Are you the Pets usual Veterinarian?
If so, how long have you known the Pet?
5. Is the Pet suffering from any injury or illness irrespective of that stated above? If so, please state its nature and to what extent it may affect recovery?
6. In your opinion, is the illness or injury attributable to or a result of any physical defects, congenital or illness / injury existing at a prior date?
If 'Yes', please give details
7. Would the Owner have been aware of this condition?
8. Please advise of any follow-up treatments that may be or are required

GENERAL COMMENTS (attach any clinical history reports that may assist in assessing a claim):

I certify that, to the best of my belief, the foregoing statements are correct

NAME: _____ QUALIFICATIONS: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: // _____