

*Claims must be submitted and received in writing to RSPCA Pet Insurance together with the itemised invoice and receipts for payment in full within 60 days of incurred veterinary expenses, unless otherwise stated in the policy document. Faxed claims will not be accepted.*

**Part 1: To be completed by the Pet Owner/Policy Holder**

Insured's Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_

Address: \_\_\_\_\_ Dog  Cat  Male  Female  Desexed: Yes  No

\_\_\_\_\_ Pets Age/DOB. \_\_\_\_\_ Colour \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_ Breed \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

Please tick  if there has been a change of address or contact details:

**Part 2: To be completed by the vet to ensure efficient processing of your claim**

**Note:** If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history (medical records) from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it

How long has this pet been a client of your clinic?  Less than 6 months  More than 6 months

Type and cause of injury or Condition/Diagnosis	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total Charge

**Veterinarian's Notes:** (case summary) (please attach radiology and /or pathology reports if applicable)

Date of last vaccination/booster: \_\_\_\_\_ Type of Vaccination: \_\_\_\_\_

**DECLARATION**

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We 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. I/We confirm that the account(s) submitted with this claim have been paid in full and I/We understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise any Veterinary Surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

Signature of pet owner: ~~X~~ \_\_\_\_\_ Date ~~X~~ \_\_\_\_\_

Signature of Veterinarian: ~~X~~ \_\_\_\_\_ Date ~~X~~ \_\_\_\_\_

Name of attending Veterinarian: (Please print) \_\_\_\_\_

**Please mail completed claim form to:** RSPCA Pet Insurance – Claims Department Locked Bag 9021, Castle Hill, NSW 1765

Underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473.AFSL 241436  
Claim Queries between 9am and 4pm (EST) on **1300 855 150**

# MAKING A CLAIM IS 4 EASY STEPS

## **Step One:**

Obtain a claim form by visiting our website at [www.rspcapetinsurance.org.au](http://www.rspcapetinsurance.org.au) or by contacting RSPCA Pet Insurance on 1300 855 150 between 8:30am and 5 pm Monday – Friday (Sydney time).

## **Step Two:**

Fill in your and your pet's personal information and sign the claim form.

## **Step Three:**

Take the claim form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice details on the attached invoice.

## **Step Four:**

Attach detailed itemised invoices and payment receipts to the completed RSPCA Pet Insurance Claim form and mail it to RSPCA Pet Insurance at the address below.



RSPCA Pet Insurance  
Claims Department  
Locked Bag 9021  
Castle Hill  
NSW 1765

## **Claim Checklist ✓ Prior to sending in your claim have you?**

- Completed the Claim Form**
- Attached the actual itemised invoice and receipts**
- And your Veterinarian signed this form?**
- Attached a full Veterinary History (medical records) if this is your first claim?**

## **Please Note: All claims should be submitted and received within 60 days of treatment**

Claims Department is available between 8:30am and 5:00pm Monday – Friday (EST)

 **1300 855 150**

### **Disclaimer:**

It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy, violators of this provision may be subject to criminal prosecution.