



Please ensure one claim form is submitted per individual pet.
After completing this form, please sign and return to:

Southern Cross Pet Insurance
Private Bag 3240, Hamilton 3240, Freepost Authority 240536

If you have any questions call us toll free on 0800 800 836.
Calls to and from this number may be recorded.

Policy number

Pet name

POLICYHOLDER DETAILS

Title First name Surname

Postal address

Street number

Street

Suburb

Town/city

Postcode

Home phone Work phone Extn

Mobile phone Email

REFUND DETAILS We will refund to the bank account listed below.

BANK BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

PRIVACY ACT/DECLARATION

This claim form collects personal information about policyholders named on this form for the purpose of evaluating your claim. In accordance with our Privacy Statement (www.southerncrosspet.co.nz/Privacystatement) we may also share your personal information with other Southern Cross branded businesses for the purposes set out in that Privacy Statement, including to provide you with information about products and services, or to administer any products you have with other Southern Cross branded businesses. The information is being collected and held by Southern Cross Medical Care Society (as administrator and promoter), Private Bag 3240, Hamilton 3240.

You as the policyholder have the right to access and request correction of this information in accordance with the Privacy Act 1993.

This declaration must be signed in order for your claim to be paid. If you fail to provide the information requested your claim may be delayed or declined.

I declare that:

- All of the information supplied on this claim form is complete, true and accurate.
- This claim is made in accordance with my policy.
- I authorise Southern Cross Medical Care Society to obtain from any person or organisation any further information required to evaluate this claim, and I authorise that person or organisation to disclose such information to Southern Cross Medical Care Society.
- I authorise any refund to the bank account listed on this claim form.

Policyholder signature Date / /

CHECKLIST

So that we can assess your claim quickly and accurately, please ensure you have:

- Attached the **original itemised tax account(s)** and evidence that payment has been made (EFTPOS and credit card receipts without original itemised account(s) are not acceptable).
- Checked that the original itemised account(s) includes:
 - the date of treatment
 - the name of your pet
 - name of vet clinic
- Attached **pet's vet history records**. These are vet notes for the vet visit being claimed for, and include details of diagnosis and treatment.
- Checked that the policyholder has signed the Declaration on the front of the form.

Date of treatment	Conditions / symptoms treated	Amount charged
15 / 03 / 2013	Ear infection (example only)	\$80
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Total amount charged _____

If this claim is for treatment arising from an accident or injury, please describe how this happened:
