

# Pounce Pet Insurance Veterinary Fee Claim Form



Claims must be submitted in writing to the administrator of Pounce Pet Insurance at the address set out in this form, together with the original/ copies of itemised invoice(s) and receipts for payment for veterinary expenses incurred, unless otherwise stated in the policy document.

If this is your pet's first claim, please attach all relevant invoices and clinic records from your vet. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

If you do not provide this information as requested, there may be a delay in assessing your claim.

## 1. To be completed by you, the Policy owner

Policy number:

### Your pet's details

Your pet's name:

Species:  Dog  Cat

Breed:

Desexed:  Yes  No

Gender:  Male  Female DOB:

### Your details

Title:  First name:  Surname:

Address:

Suburb:  State:  Postcode:

Phone: (home)  (work)  (mobile)

Email:

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

If you registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage?

ABN

By leaving these details blank, the insured confirms that no entitlement to GST ITC exists.

%

Please mail your completed claim form to Pounce Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765.

## 2. To be completed by the vet to ensure efficient processing of your claim

Is this claim for Routine Care? If yes, simply attach the invoice and complete the declaration below.

Type and cause of injury or condition/diagnosis being claimed	Date of treatment	Dates of first signs or symptoms (includes dates of previous related or similar conditions)	Total charge
<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"/>

Summary: Please attach relevant veterinary history, radiology, pathology reports and consultation notes where applicable.

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

Case notes:


Date of last vaccination/booster:  Type of vaccination:

### 3. 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 veterinary services as detailed in the account(s) submitted with this claim have been provided 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.

I/We consent to IAL, PetSure and Hollard collecting, storing, using and disclosing personal information (including sensitive information) as set out in the Privacy Notice contained in this form. If I/We have provided or will provide information to IAL, PetSure or Hollard about any other individuals, I/We confirm that I/We are authorised to disclose their personal information to IAL, PetSure or Hollard and also to give this consent on both my and their behalf.

Signature of veterinarian: <input type="text"/>	Date: <input type="text"/>	Name of attending veterinarian and practice: (please print or stamp)
Your Veterinarian Registration Number: <input type="text"/>	Registration State: <input type="text"/>	
Signature of Policy owner: <input type="text"/>	Date: <input type="text"/>	

Please mail your completed form to Pounce Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

#### Privacy Notice

In this Privacy Notice, 'we', 'us' or 'our' refers to IAL, PetSure and Hollard. We collect personal and, in some cases, sensitive information from you for the purpose of administering your insurance policy, including responding to your enquiries and processing, assessing and paying claims. If you do not provide this information to us we may not be able to carry out the services you require. We may have to disclose your personal and other information to third parties and related companies who assist us in providing our products and services, or other parties required by law. Some of the companies we may disclose your personal information to may be located overseas, including in the Philippines, South Africa, New Zealand, United States of America and the United Kingdom. If you wish to access, update or correct any personal information, make a complaint about a breach of privacy or if you have any other query relating to privacy, please see the contact details in the Privacy section in the Product Disclosure Statement available at [pouncepetinsurance.com.au](http://pouncepetinsurance.com.au).

Pounce Pet Insurance is issued by the insurer The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473; AFSL 241436) (Hollard); is promoted and distributed by Insurance Australia Limited ABN 11 000 016 722; AFSL 227681) (IAL); and administered by PetSure (Australia) Pty Ltd (ABN 95 075 949 923; AFSL 420183) (PetSure). Any advice provided is general only, and does not take into account your individual objectives, financial situation or needs. Please consider the Product Disclosure Statement (PDS) at [pouncepetinsurance.com.au](http://pouncepetinsurance.com.au) to decide if the product is right for you.