

Claim No.

**For office use only**

Join date:  
Payment type:



Underwritten by The Hollard Insurance Company Pty Ltd.  
ABN 78 090 584 473.

Claim Queries between 9am and 4pm Sydney Time on 1300 668 100

## VETERINARY FEE CLAIM FORM

Claims must be submitted in writing to Perfect Partners Pet Cover 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.

**NB Claims on Perfect Partners Free Accidental Injury Cover must be received within 30 days of veterinary treatment.**

Microchip number \_\_\_\_\_ Insured's Policy Number \_\_\_\_\_

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

Address \_\_\_\_\_ Dog  Cat  Male  Female   
Age/DOB. \_\_\_\_\_ Colour \_\_\_\_\_

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

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Level of Cover: 6 week Accident  Comprehensive

Please tick  if there has been a change of address:  Type of Claim: Illness  Injury

**This section is to be completed by the Veterinarian in full to ensure speedy processing of your claim**

**RECORD OF VETERINARY SERVICES: This section is to be completed by the Veterinarian in full to ensure speedy processing of your claim. If your pet has been insured with us for less than 6 months or this is your first claim please attach a complete Veterinary history.**

Condition/ Diagnosis (Please indicate a Diagnosis or Tentative Diagnosis for each separate problem)	Date of Treatment	Dates of first clinical signs (include dates of previous related or similar conditions)	Total Charge

**Veterinarian's Notes: (case summary)**

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

**If applicable please attach:  Radiology report  Pathology report  Specialists report**

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

Type Of Vaccination: \_\_\_\_\_

Please mail: Completed claim form and attach ACTUAL itemised invoice to:  
Perfect Partners Pet Cover – Claims Department  
Locked Bag 9021  
Castle Hill NSW 1765

### 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 Perfect Partners 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 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 \_\_\_\_\_

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

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

# MAKING A CLAIM IS 4 EASY STEPS

## **Step One:**

Obtain a claim form by contacting Perfect Partners Pet Cover on 1300 668 100 between 8:30am and 5 pm Monday – Friday (Sydney time). You may also obtain a claim form by visiting our website at [www.startgard.com.au](http://www.startgard.com.au)

## **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 Perfect Partners Pet Cover Claim form and mail it to Perfect Partners at the address below.




Perfect Partners Pet Cover  
Claims Department  
Locked Bag 9021  
Castle Hill  
NSW 1765

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

- A Completed Claim Form**
- The Actual Itemised invoice and receipts**
- Have you and your Veterinarian signed this form?**

**Please Note: All Claims Must Be Received Within 60 days of Treatment.**  
**Claims on Perfect Partners Free Accidental Injury Cover must be received within 30 days.**

Claims Department is available between 9am and 4pm Monday – Friday (Sydney Time)

 1300 668 100

E-Mail: [petcover@petsure.com.au](mailto:petcover@petsure.com.au)