

Claim Form



Beneficial Insurance Limited, Level 3, 445 Karangahape Road, PO Box 68 548, Newton, Auckland t. 0800 738 678 f. 0800 329 424 e. claims@petsur.co.nz

Owner's Name _____
Address _____

Telephone hm _____ wk _____ mob _____
Email _____

Pet Details

Pet's Name _____
Type of Pet Cat Dog Rabbit Sex of Pet Male Female
Breed _____
Age _____ DOB (if known) _____

Claim

Policy Number _____
Claim Type Medical Surgical Other
Details regarding your Pet's illness or injury or details regarding other benefits
Nature of illness or injury _____

Details of other benefits _____

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 _____

Claim Checklist

Claim Form Clinical Notes Invoices

My / Our Details

Name of Account _____

Bank/Branch/Account Number/Suffix

Details to appear on my / our bank statement

Particulars (max 12 characters)	Code (max 12 characters)	Reference (max 12 characters)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 claim and also authorise Beneficial Insurance to obtain any other information required in order to assess this claim at my cost.

SIGNATURE: _____ DATE: _____

Send your completed claim form and supporting documents either by scan / email or post to the contact details at the top of this form