

Claims must be submitted in writing to HCF Pet Insurance, Locked Bag 9021, Castle Hill, NSW, 1765 together with the original itemised invoice and receipts for payment within 90 days of treatment. Faxed claims will not be accepted. Please use a black pen and print in CAPITALS.

NOTE: If this is your first claim please attach a completed veterinary history form, from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

Complete and send to:
HCF Pet Insurance
Locked Bag 9021,
Castle Hill, NSW 1765

1 Your policy holder details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

HCF Pet Insurance policy number Pet's name

Dog Cat Male Female Desexed? Yes No

Pet's age Pet's date of birth Colour Breed

Policy Holder
 Title First name Middle initial Surname

Home address:
 Unit No. Street No. Street name

Suburb State Postcode

Phone - home Phone - work Mobile

Email @ . .

Please tick here if there has been a change of address

Tax declaration: If you are entitled to a GST Input Tax Credit indicate your % and ABN

By leaving these ITC details blank you agree that no entitlement to a GST ITC exists.

2 Record of veterinary services PLEASE ASK YOUR VET TO COMPLETE IN ORDER TO ENSURE EFFICIENT PROCESSING OF YOUR CLAIM

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 where applicable)

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

Date of last vaccination/booster (DD MM YYYY) 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 the 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 the policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise my/our 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 Date (DD MM YYYY)

Signature of veterinarian Date (DD MM YYYY)

Name of attending veterinarian and practice details: (Please print)

Vet registration number Registration state

4 Make a claim in 4 easy steps

STEP ONE:

Obtain a claim form by visiting www.hcf.com.au/petinsurance or by calling HCF Pet Insurance on 1800 630 681 between 8:30am – 5pm Monday to Friday (Sydney time).

STEP TWO

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

STEP THREE

Take the form to your veterinarian, and have your veterinarian complete the applicable sections. Ensure your veterinarian includes his/her practice details on the attached original invoice.

STEP FOUR

Attach detailed itemised invoices and payment receipts to the completed HCF Veterinary Fee claim form and mail to:

HCF Pet Insurance
Locked Bag 9021,
Castle Hill NSW 1765

5 How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. In many cases your claim can be processed directly without veterinary records being required. However, in some cases veterinary records may be requested to assist in understanding some aspect of your claim to ensure it is processed correctly and fairly.

6 How your claim will be paid

If you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account, or if you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits. Following the payment of your claim you will also receive a letter/remittance statement.

7 Claim checklist

Prior to sending in your claim ensure:

- You have completed all details in this form.
- You have attached the original itemised invoice and receipts.
- You and your veterinarian have signed this form.
- Attached a full veterinary history (medical records from previous veterinary visits) if this is your first Accident or Illness claim.

Please note: All claims should be submitted and received within 90 days of treatment.

8 Claim queries

Our claims department is available between 9am and 5pm Monday to Friday (Sydney time).

Telephone: **1800 630 681**

Email: petinsurance@hcf.com.au

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.

Underwritten by the Hollard Insurance Company Pty Ltd ABN 78 090 584 473. AFSL 241436.

Please mail this completed form, with all accompanying documentation, to HCF Pet Insurance, Locked Bag 9021, Castle Hill NSW 1765. For assistance with the completion of this form, please call 1800 630 681 between 8:30am and 5pm (EST) Monday-Friday.