

## CLAIM FORM

Member name: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Your pet's name (please complete one form per pet): \_\_\_\_\_

Your policy number (if known): \_\_\_\_\_

**Reason for treatment** - If unsure, please contact your hospital for more information

Hospital name: \_\_\_\_\_ Treating veterinarian: \_\_\_\_\_

**Illness/injury:** \_\_\_\_\_

Have you filed a claim for this condition previously?

☐ If yes, claim number: \_\_\_\_\_ If known ☐ If no, date of first signs: \_\_\_\_\_ DD / MM / YY

**Illness/injury 2 (if applicable):** \_\_\_\_\_

Have you filed a claim for this condition previously?

☐ If yes, claim number: \_\_\_\_\_ If known ☐ If no, date of first signs: \_\_\_\_\_ DD / MM / YY

☐ **I have paid my bill in full.**

Reimburse by my selected payment method.

Call 1300 330 234 to set up your payment method.

☐ **I have not yet paid my bill.**

Reimburse by the hospital's selected payment method.

Ask your vet if they accept direct payment from us.  
They can contact us to get setup.

**Please note: Leaving this section unmarked will result in payment to you, the member.**

**Your pet's info** - Complete only if you have not done so previously or if the information has changed

Date of birth: \_\_\_\_\_ DD / MM / YY Date of adoption: \_\_\_\_\_ DD / MM / YY Desexed: ☐ No ☐ Yes Date: \_\_\_\_\_ DD / MM / YY

Is/was your pet insured under any other insurance provider? ☐ Yes ☐ No

If yes, provider name: \_\_\_\_\_ Cancel date: \_\_\_\_\_ DD / MM / YY OR ☐ Policy still active

Please, list all hospitals your pet has visited:

Name: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_

Submission of this claim form authorises all veterinarians that your pet has received treatment from to provide us with a copy of your pet's medical records and confirms all information provided is true and accurate to the best of your knowledge and belief.

**Submit this completed form and hospital invoice by one of the following methods:**

Claims paid to you:



**Claims@Trupanion.com.au**

Claims paid to your veterinarian:



**VetDirectPay@Trupanion.com.au**

In order to avoid delays, all claims submitted must include a fully completed claim form and accompanying itemised invoice(s) with all treatment descriptions and charge amounts clearly visible.

For your protection, insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

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