Pet Insurance Injury or Illness Claim Form

For claims support call 13 72 02



WHAT YOU NEED TO KNOW

Read your Certificate of Insurance and the associated Product Disclosure Statement (PDS) to see what you're entitled to claim. If this is your first claim, you will need to submit a copy of **your pet's full vet history**.

WHAT TO DO									
	Step 1: Complete this form or call us on 13 72 02 to lodge your claim.								
	Step 2: If this is your first claim, seek the full vet history from each vet you have attended with your pet and attach it to this form. If this is not your first claim, please attach a full vet report for all treatments relevant to this claim. Original itemised paid invoices and receipts for treatment provided or items/services being claimed must be attached.								
@	Step 3: Email a copy of all documents to RACQ (our claims adminstrator): petclaims@racq.com.au Or mail them to: RAC Pet Insurance Claims, PO Box 3004, Logan City DC QLD 4114								
	Step 4: You will be contacted about the outcome of your claim.								
I am claiming for:									
A new Injury or Illness	A continuing treatment for an Injury or Illness	Previo		Numbe	er _				
This claim is for treatme	ent from /	/	·	to			/	1	
1. Policyholder's de	tails								
Policy number					_ D	ate of c	laim .		
Policyholder's name/s					JL		/	/	
Address									
Address									
Home phone			Mobile phone						
Email			Proformed	contac	t mot	hod			
Ciliali	Preferred contact method								
	person insured or covered b ears? If the answer is Yes, g		•	convicte	ed of	any cri	minal	Ye	es 🔲 N
	sly advised us of your Input Ta ring this claim you must advis			-		·	ax entitle	ement for th	ne premiu
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2. Pet details										
Pet's name	Pet's breed									
3. Claim details										
Is any part of this claim for dental treatment? If the answer is Yes, please provide the pet's annu-	ıal dental veterinary cl	heck-up record.	Yes No							
Is your dog declared as a dangerous dog by a government authority? Yes No.										
Was your pet being used for commercial or occupational purposes at the time of the injury or illness? Yes No.										
If the answer is Yes, what was the commercial	or occupational purpo	se?								
Description of incident (what happened to your pe	rt?):									
Do you and your pet live permanently outside Aus	tralia? <i>If No, proceed</i> :	to Section 4	Yes No							
What date did you and your pet / / Was your pet under your direct care? Yes No										
4. Invoice details										
Treating vet clinic	Vet phone number	Date of treatment	Total charge							
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5. Use of personal information										
To obtain a copy of the RACQ Group Privacy Sta You can also call us on 13 19 05 or email us on pr If you would like to review or correct the personal complaint, please call 13 17 03. For further information	ivacy@racq.com.au to information the RAC	o request a copy. Group has about you, c	or if you wish to make a							
6. Policyholder's declaration										
I/We certify that the information given in this form a No information likely to affect the assessment of the			accurate and complete.							
I/We understand that deliberate misrepresentation result in the denial of the claim and/or cancellation		vices or the omission of	any material facts may							
I/We understand that RACQ Insurance will assess in	formation provided in a	accordance with the police	cy terms and conditions.							
In addition to the above declaration I/we authoris RACQ Insurance any details they may require to a		ices provider who is lis	ted above to provide to							
Policyholder has read and acknowledges the above de	eclaration Yes	No /	1							

Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.