

Policyholder Details

Policy Number

Policyholder Name

Pet Details

Pet Name

Pet microchip number (if applicable)

Claim Details

Date you first noticed signs of your pet's condition(s):

Description

Claim Amount: \$, .

Veterinary Details

Please provide details of your veterinary practice.

Vet Practice Name:

Address (Suburb/ State):

Vet Practice Phone Number:

Payment Details

Payment will be made into the bank account you have registered with us. If these details have changed, please call us before submitting this claim.

Policyholder Declaration

Please provide a clear, itemised invoice with this claim. Where a client discount has been applied to the fees, please ensure this has been indicated on the invoice.

I certify, to the best of my knowledge, that all the information provided by me is true, accurate and complete. I understand that in the event this claim is found to be fraudulent, this could result in my policy being cancelled.

I agree that my veterinarian and any previous veterinary practices may provide any information that the company requires to verify my claim (including medical notes).

I understand that any incorrect or missing information may result in a delay or declination of this claim.

Signature of policyholder

Date

Next Steps

Please send completed form to either:

Email: claims@pet.budgetdirect.com.au

Address: Auto & General Insurance Company, PO Box 342, Toowong, QLD, 4066