



For office use only

Claim # _____
 Join date _____
 Payment type _____

AFS-PetMed is underwritten by AFS General Insurance Pty Ltd.
 Claim Queries between 9am and 4pm Sydney Time on 1300 363 552

CLAIM FORM

Claims to be submitted to AFS-PetMed on completion of Veterinary treatment together with receipted veterinary accounts.
Claims must be submitted in writing to AFS-PetMed within 60 days of incurred medical expenses, unless otherwise stated in the policy document. Faxed claims will not be accepted.

Microchip number _____ Policy Number _____

Policy Holder's Name _____ Pet's Name _____

Address _____ Dog Cat Male Female

Age/DOB _____ Colour _____

State _____ Post Code _____ Breed _____

Telephone (H) _____ (W) _____ Type of Plan _____

Tick box if this is your new address or phone number Sickness Injury Routine Care

This section is to be completed by the Veterinarian in full to ensure speedy processing of your claim

RECORD OF VETERINARY SERVICES To be completed by Vet in full to ensure speedy processing of your claim				
Date of Treatment	Provider of Service	Illness Diagnosis	Total Charge	Is this a new condition? If not, date of first clinical signs

Veterinarian's Notes:

Cause of injury - _____

NOTE: For Routine Care Claims, simply attach your original invoice and receipt to the completed claim form for submission.

Date of last vaccination/booster _____ mail to:
 Please Complete claim form and attach ACTUAL itemised account and
 AFS-PetMed – Claims Department
 Locked Bag Number 42
 Castle Hill Post Office, NSW 1765

DECLARATION

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to effect this 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 AFS-PetMed will assess the claim in accordance with the cover selected and benefits payable by the policy.

Signature of pet owner X _____ Date _____

Signature of Veterinarian X _____ Date _____

CLAIMS

HOW TO MAKE A CLAIM:

Step One:

Obtain a claim form by contacting AFS-PetMed on 1300 363 552 between 8:30am and 7pm Monday – Friday (Sydney time). You may also obtain a claim form by visiting our website at www.afsfinancial.com.au

Step Two:

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

Step Three:

Bring the form to your Veterinarian, and have your Veterinarian complete the applicable sections. Ensure your Veterinarian includes his/her Practice stamp and signature

Step Four:

Attach a detailed receipted account to the AFS-PetMed Claim form and mail it to AFS-PetMed at the address below.

AFS-PetMed
Claims Department
Locked Bag Number 42
Castle Hill Post Office
NSW 1765

Claim Checklist

- Complete Claim Form**
- Actual Itemised Account**
- Receipt**

Claims Department is available between 9am and 4pm Monday – Friday (Sydney Time)

Phone: 1300 363 552

E-Mail: petmed@afsfinancial.com.au