



Claims should be submitted in writing and received with the original itemised invoice(s) for the vet treatment being provided.

Part 1: To be completed by you, the policy owner						
Policy number:						
Your pet's details						
Your pet's name:				Species:	Dog	Cat
Gender:	Male	Female		Desexed:	Yes	No
Pet's age/D.O.B.		Colour	:	Breed:		
Your details						
Title:	First n	ame:		Surname:		
Address:						
Suburb/City:				State:		Postcode:
Phone:	Home ()		Work ()		Mobile	
Please tick if there has been a change of address or contact details:						
If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage:						
ABN:				By leaving these deconfirms that no ent		

Please mail the completed form to HIF Pet, Locked Bag 9021, CASTLE HILL NSW 1765

Part 2: To be completed by the vet to ensure efficient processing of your claim

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach all relevant invoices and clinic records from your vet. In some instances, we may require more information to process your claim, such as previous medical history or pathology results. If this is the case, we will contact you for this information. If you have previously provided this information to us, or if it is a routine care claim, you do not need to provide it.

Type and cause of injury or condition/diagnosis	Date of treatment		of first clinical sign of previous relat			Total charge
Summary: Please attach radiology, pathology reports and consultation notes where applicable.						
How long has this pet been a client of your clinic? Less than 6 months Case notes:						
Date of last vaccination/booster: Type of vaccination:						
Declaration						
I/we certify that the information given in this form is truthful, accurate and complete. No information likely to affect 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 veterinary services as detailed in the account(s) submitted with this claim have been provided and I/we understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorise any 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 Policy Owner:			Date:			
Signature of veterinarian:			Date:			
Name of attending veterinarian and practice (please print):						
Veterinarian registration no:			Registra	tion state:		

HIF Pet Insurance Making a claim



We've simplified our claims process to ensure that you receive your benefit as quickly as possible.

Making a claim is easy. You have 2 easy ways to claim:

1. eClaim:

The easiest way to claim is online.

You can register or log in to My Pet Account via hif.com.au/petlogin

Simply upload a copy of the itemised invoice and the consultation notes from your vet visit into your My Pet Account.

Please note that if this is your first claim we require your pet's full medical history from all previous vets since you have owned your pet. For subsequent claims, consultations notes and an itemised invoice may be sufficient to process your claim

If your pet was adopted at an older age please supply adoption paperwork and medical records since adoption.

2. Paper Claim:

If you prefer to submit your claims through the post, please follow the 3 easy steps below:

- 1. Fill in you and your pet's personal information and sign the claim form.
- 2. Take the form to your vet, and ask your vet to complete in full Part 2 and sign the form. Attach the original detailed itemised invoices and payment receipts to the completed claim form. Please do not staple documents. Ensure your vet includes their practice details on the original invoice.
- 3. Then mail your completed claim form to: HIF Pet, Locked Bag 9021, CASTLE HILL NSW 1765.

Should you have any questions please call us on 1300 070 946 between 8:30am and 8:00pm (AEST), Monday to Friday (except public holidays).

How your claim is assessed

Once the necessary documentation is received, your claim will be processed without delay. 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.

How your claim will be paid

You need to nominate how you would like your benefits paid back to you.

So, if you have elected to pay your premiums by direct debit your benefits will be paid directly into your nominated bank account. If you have elected to pay your premiums by credit card you will receive a cheque in payment of your benefits, unless you have already updated your nominated bank account with us. Following the payment of your claim you will also receive a statement confirming payment.

Claim checklist (Please do not staple documents)

Before sending in your claim, please ensure you have:

	Completed the Claim Form	Attached all relevant veterinary records if this is your first Specified Accidental Injury or Illness claim (no history is required for Routine Care claims)
	Attached the original itemised invoice	Attached adoption certificate (if this is an adopted or rescued
S	igned Veterinarian Claim Fee Form	pet)

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.