



Please ensure one claim form is submitted per individual pet.
After completing this form, please sign and return to:

Southern Cross Pet Insurance
Private Bag 3240, Hamilton 3240, Freepost Authority 240536

If you have any questions call us toll free on 0800 800 836.
Calls to and from this number may be recorded.

Free cover number

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Pet name

PET OWNER DETAILS

Title _____ First name _____ Surname _____

Postal address _____
Street number Street Suburb Town/city Postcode

Home phone Work phone Extn

Mobile phone Email _____

REFUND DETAILS We will refund to the bank account listed below.

BANK/BRANCH NUMBER

ACCOUNT NUMBER

SUFFIX

PRIVACY ACT/DECLARATION

This claim form collects personal information about pet owners named on this form for the purpose of evaluating your claim. In accordance with our Privacy Statement (www.southerncrosspet.co.nz/Privacystatement) we may also share your personal information with other Southern Cross branded businesses for the purposes set out in that Privacy Statement, including to provide you with information about products and services, or to administer any products you have with other Southern Cross branded businesses. The information is being collected and held by Southern Cross Medical Care Society (as administrator and promoter), Private Bag 3240, Hamilton 3240.

You as the pet owner have the right to access and request correction of this information in accordance with the Privacy Act 1993.

This declaration must be signed in order for your claim to be paid. If you fail to provide the information requested your claim may be delayed or declined.

I declare that:

- All of the information supplied on this claim form is complete, true and accurate.
- This claim is made in accordance with the terms and conditions of the Free Pet Health Cover.
- I authorise Southern Cross Medical Care Society to obtain from any person or organisation any further information required to evaluate this claim, and I authorise that person or organisation to disclose such information to Southern Cross Medical Care Society.
- I authorise any refund to the bank account listed on this claim form.

Pet owner signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

Claim received: _____ Start date: _____ Finish date: _____

