

CLAIM FORM

Return to:

Gallagher – Bloodstock
 PO Box 1395 Hamilton 3240
 bloodstock@ajg.co.nz

PRIVACY STATEMENT AND DUTY OF DISCLOSURE

IMPORTANT INFORMATION: This form collects information, including personal information, so we can consider your claim and update your insurances. It will be held by Arthur J. Gallagher & Co (NZ) Limited (Gallagher) and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Gallagher is required under the terms of your insurance policy.

You have a duty of disclosure to inform us of any information that would influence a prudent insurer's decision regarding whether to provide cover and on what terms. All information must be complete and accurate (subject to the provisions of the Criminal Records (Clean Slate) Act 2004) and may include other information not directly requested below. If you do not provide all this information, it may prejudice your claim and entitle the insurer to void or cancel your insurance.

PERSONAL DETAILS

Full name:		Policy number	
Phone:		Mobile:	
Email:			
Address:			
Gallagher branch you are insured through:			
Sum Insured:		Period of Insurance:	
Preferred method of contact:	<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> No preferred method

ANIMAL DETAILS

1 Name of Animal:		Age and sex:	
Sire:		Dam:	
Use:		Breed:	
Brand:		Microchip Number:	

LOSS DETAILS

2 What was the animal doing when it became ill or injured? (if known):

3 When was the animal first discovered to be sick or injured? **Date:** **At:** AM PM

4 When was Gallagher notified of the sickness or injury? **Date:** **At:** AM PM

5 What treatment was given before the arrival of the Veterinarian?

6 When was the veterinarian notified? **Date:** **At:** AM PM

7 When was the Veterinarian first in attendance? **Date:** **At:** AM PM

Veterinarian's Name:

Veterinarian's Address:

LOSS DETAILS (continued)

What subsequent visits were made?

Is treatment complete or still ongoing? YES NO

Has the animal made a complete recovery? YES NO

8 Was the animal, while owned by you, ever sick or injured before? YES NO

If so, give details, with name of attending veterinarian:

9 Had this animal undergone any surgical operation during the term of this policy? YES NO

If so, please give name and address of Veterinarian:

Name:

Address:

10 Have any other animals in your ownership died in the last twelve months? YES NO

Please specify whether they were insured? YES NO

11 Are you the sole owner? YES NO

If no, give name(s) and address(s) of other owner(s):

Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>
Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>

12 Is there now, or has there ever been any mortgage, lien, bill of sale or any other encumbrance on the said animal whilst owned by you? YES NO

If so, give details:

MAJOR MEDICAL VET FEES CLAIM

Strike out that which does not apply below. Non claimable items please refer to your policy wording

This claim is for \$ 5,000 less excess, less items non claimable or \$10,000 less excess, less items non claimable

13 **Other insurance(s)**
Mortality insurance Sum insured:

14 **The total sum insured covering the insured's major medical vet fees interest under this Policy (whether valid or not), was at the time of loss**

(amount of Major Medical Claim)

15 **Less amount of excess (if applicable):**

AUTHORISATION AND DECLARATION

I/we declare that:

- (a) I/we have read and understood the information displayed at the beginning of this application and all the questions and answers on this application. If the answers to any question in this application are not in my/our writing, then they have been correctly written down at my/our dictation and approved and confirmed to me/us.
- (b) The statements made in this application are true.
- (c) I/we have disclosed all facts that may affect the acceptance of, and the terms applied to this insurance.
- (d) This application and any other written statements made in connection with the proposed insurance shall be the basis of the contract between me/us and the insurer.

SIGNATURE: _____

NAME: _____

DATE: _____

Need help?

Contact us on +64 7 957 8600 or email bloodstock@ajg.co.nz

