

Claim Form for Cremation & Burial



INSURANCE

petline
INSURANCE™

Important notes

We will pay for cremation or burial expenses up to the maximum benefit amount.

Note: Please include RECEIPTS and applicable documentation. Retain copies for your records.

Please see your Policy Wordings document for full details.

SUBMIT A CLAIM

FAX: 1-866-501-5580

EMAIL: claims@petlineinsurance.com

MAIL: Petline Insurance Company
301-600 Empress Street, Winnipeg, MB R3G 0R5
Attn: Claims Dept.

1 About you and your pet (affix a label if you have one)

Customer number: _____

Name: _____

Address: _____ Please check if
new address

Home phone: _____ Work phone: _____

Fax: _____ E-mail: _____

Pet's name: _____

Date of birth (mm/dd/yy): _____

Gender: male female

Type of pet: dog cat

Breed: _____



Questions? Contact us at:

1.800.581.0580 or info@petlineinsurance.com

2 Policyholder declaration

I understand that the fees listed may not be covered, or may exceed my plan benefits. I understand that I am financially responsible for the entire amount, and confirm that amount has been paid in full. I declare that I have fulfilled the conditions of the Summary of Insurance and the Policy Wordings documents.

Signature of policyholder:

| | | | |
|--|----|----|------|
| | mm | dd | yyyy |
|--|----|----|------|

Checklist

Have you:

- Completed sections 1 & 2
- Signed this form
- Attached detailed receipts

Has your veterinarian:

- Completed sections 3 & 4
- Signed this form

3 About the illness or injury (to be completed by your veterinarian)

Name of illness or accident causing death: _____

Date of death:

| | | |
|----|----|------|
| mm | dd | yyyy |
|----|----|------|

Cremation/Burial Fee: \$ _____

Date of accident /first clinical signs of illness:

| | | |
|----|----|------|
| mm | dd | yyyy |
|----|----|------|

4 Declaration of the veterinary practice (to be completed by your veterinarian)

I have checked the information on this claim, and it is correct to the best of my knowledge. The 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.

Name of attending veterinarian (please print): _____

Signature of attending veterinarian:

| | | | |
|--|----|----|------|
| | mm | dd | yyyy |
|--|----|----|------|

Practice stamp or print practice name