

Claim Form

(One claim form per pet)

A **Claim** consists of the following:

- ✓ A completed Claim Form
 - ✓ Proof of payment
 - ✓ A full detailed Vet invoice
- NB: If this is your **FIRST** claim for this pet, a **FULL** Veterinary history is required
- Submit your **Claim** using the Mobile App (search and download the 'PetSure' app found in your App store) or
 - Email to: claims@petsure.co.za or
 - Fax to: 086 661 0989
- Incomplete details will delay the processing of your claim.

FOR OFFICE USE ONLY

Claims must be received within 60 (sixty) days from date of treatment. Please ensure that the full diagnosis is included on the claim form and/or on the Vet invoice.

1) POLICY HOLDER'S DETAILS

Policy Holder Name:	Pet's Name:
Policy Number:	Plan:
Email Address:	Microchip Number:
Cell Number:	Breed:
Telephone (W) _____ (H) _____	Date of Birth (dd/mm/yyyy)

2) YOUR PET'S DETAILS

3) VET TO COMPLETE

Type of Claim	<input type="radio"/> Accident *	<input type="radio"/> Illness	<input type="radio"/> Routine Care	
Is this a continuation of a prior claim or condition?	<input type="radio"/> Yes	<input type="radio"/> No		
* Cause of Injury				
Veterinary Comments:				
Date of Treatment	Provider of Service	Diagnosis (must be provided)	Date First Showed Clinical Signs	Total Charged

DECLARATION

For your protection, the law requires you to be advised of the following: it is a criminal act to make false or fraudulent claims 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 prosecution.

I/we warrant that the information given in this form is true in every respect. 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 rejection of the claim and/or cancellation of the policy. I/we confirm that the accounts submitted with this claim have been paid in full and I/we understand that PetSure 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 pet provide the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of this claim.

Signature of Policy Holder **X** _____ Date: _____

Signature of Attending Vet **X** _____ Date: _____

Name of Attending Veterinarian (PLEASE PRINT) _____

VET STAMP:

CHANGE ADDRESS DETAILS

Address:

Administered by

Underwriting Manager and Administrator

24 Wellington Rd, Parktown, 2193

The Hollard Insurance Company

PetSure (Pty) Ltd ("PetSure")

PO Box 87419, Houghton, 2041

Reg. No. 1952/003004/06

Reg. No. 1991/007261/07

Tel: 0860 738 787

Vat No. 4450117405

Vat No. 4100135757

Fax: 086 661 0990 / 086 661 0992

Authorised Financial Services Provider

Authorised Financial Services Provider

E-mail: info@petsure.co.za

PO Box 87419, Houghton, 2041

Licence Number 9846

www.petsure.co.za

Tel: (011) 351 1000

© Copyright 2018 PetSure (Pty) Ltd

