

# Claim Form

(One claim form per pet)

**Hollard.**  
pet insurance

## PRIOR TO SUBMITTING YOUR CLAIM, ENSURE THAT YOU HAVE:

- ✓ A Completed Claim Form
- ✓ Proof of Payment
- ✓ Full Detailed Vet Invoice
- ✓ NB: If this is your FIRST claim for this pet, a FULL veterinary history is required
  
- ❖ Submit using our Mobile App (download from App store)
- ❖ Email to: [claims@petsure.co.za](mailto:claims@petsure.co.za) or
- ❖ Fax to: 086 661 0989

Incomplete claims 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.

## TO BE COMPLETED IN FULL

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

## VET TO FILL IN

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 Pet Owner ~~X~~ \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Attending Vet ~~X~~ \_\_\_\_\_ Date: \_\_\_\_\_

Name of Attending Veterinarian (PLEASE PRINT) \_\_\_\_\_

VET STAMP:

## CHANGE OF ADDRESS

Postal / Physical	Code:
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Administered by

Underwriting Manager and Administrator  
PetSure (Pty) Ltd ("PetSure")  
Reg. No. 1991/007261/07  
Authorised Financial Services Provider  
Licence Number 9846  
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