

# CLAIM FORM

(One claim form per pet)



petinsurance.

## SUBMISSION CHECKLIST:

- Completed Claim Form
- Proof of Payment
- Detailed Invoice
- FULL Vet History (if this is your pet's first claim)

**Vaccination card is not sufficient**

## FOR OFFICE USE ONLY

Claims must be received within 60 (sixty) days from the date of treatment.  
Incomplete documentation will delay the settling of this claim

### 1) POLICYHOLDER'S DETAILS

Full Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 2) PET'S DETAILS

Name: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Plan: \_\_\_\_\_

### 3) VET DETAILS (REQUIRED FIELD)

Type of claim: (tick)

- Accident
- Illness
- Routine Care

Cause of Injury: \_\_\_\_\_

Is this a continuation of a previous condition?

yes  no

Date first showed clinical signs: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

Comments: \_\_\_\_\_

Vet Stamp (only required if the practice details are not on the invoice)

### 4) DECLARATION

- I (the Policyholder) warrant that the information provided in this claim is true and understand that any misrepresentation constitutes fraud.
- I also declare that I have no other policy in place for the pet claimed above.

Policyholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit your Claim using our Mobile App (download from App store)

Email: [claims@petsure.co.za](mailto:claims@petsure.co.za)

Fax: 086 661 0989