

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 by:
- Email to: claims@petsure.co.za or
- Fax to: 086 661 0989

Incomplete details will delay the processing of claims.

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.

Please assume that should you not receive an auto-response to your claim submission, that it has not been received. Please contact the Claims Department or resend your claim.

1) POLICYHOLDER'S DETAILS

Policyholder's Name:
Policy Number:
Email Address:
Cell Number:

2) YOUR PET'S DETAILS

Pet's Name:
Microchip Number:

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

- 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.

VET STAMP: (only required if the practice details are not on the invoice)

Policyholder's Signature **X** _____ Date: _____



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