

Pet Accident Cover

Claim Form - Page 1 of 2

(PLEASE USE ONE FORM PER PET)

1ST FLOOR, 24 WELLINGTON ROAD, PARKTOWN, 2193
TEL: 0860 738 787 / 011 481 1900

FOR OFFICE USE ONLY	
Pet Accident Policy No	
Date Received	
Claim No	

POLICY HOLDER'S DETAILS

Fedhealth Membership Number			
Pet Owners Name			
Pet Owners Identity Number			
Residential Address			Code
Cell		Tel Home ()	Tel Work ()
Email Address			

PET'S DETAILS

Pet's Name			Microchip / Tattoo Number	
Please tick appropriate box	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Breed			Pet's Date of Birth	

CLAIM DETAILS

Date of Accident		Cause of Injury	
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Please note: An excess of R300 per claim will be deducted from your benefit before reimbursement

RECORD OF VETERINARY SERVICES (To be completed by the attending Veterinarian)

Date of Treatment	Provider of Service	Diagnosis (Details of your pet's illness)	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. Violations 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		Date		Vet Stamp:
Signature of Attending Vet		Date		
Name of Attending Veterinarian (PLEASE PRINT)				

IMPORTANT NOTES

- Incomplete claim forms will be returned to the policy holder
- Please ensure that the full diagnosis is included on the Claim Form and/or the Vet invoice

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BANKING DETAILS

Incomplete information will result in delays in processing your claim.
The money will be refunded into your account within three weeks of your claims submission.

Account Holder Name						
Bank Name (cross appropriate box)	ABSA <input type="checkbox"/>	FNB <input type="checkbox"/>	Investec <input type="checkbox"/>	Nedbank <input type="checkbox"/>	Standard <input type="checkbox"/>	Other* <input type="checkbox"/>
*Other, please specify						
Account Number						
Branch Name						
Branch Code						
Account Type (cross appropriate box)	Savings <input type="checkbox"/>	Current <input type="checkbox"/>	Transmission <input type="checkbox"/>	Money Builder <input type="checkbox"/>		

PRIOR TO SENDING IN YOUR CLAIM, ENSURE THAT YOU HAVE:

- A Completed Claim Form
- Proof of Payment
- A Detailed Vet Invoice

Submit the Claim Form using our Mobile App
(search and download the 'PetSure' app found in your App store); or
Email to: claims@petsure.co.za

Claims must be submitted and received by PetSure within 60 (sixty) days of the incurred veterinary treatment.