

# CLAIM FORM

(One Claim Form per pet)



## 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

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

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

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

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

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

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

### 2) PET'S DETAILS

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

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

### 3) VET DETAILS (REQUIRED FIELD)

Type of claim: (tick)

- Accident
- Illness
- Routine Care

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

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

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

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

Is this a continuation of a previous condition?

yes  no

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

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

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

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 by:  
Email: [claims@petsure.co.za](mailto:claims@petsure.co.za) or  
Fax: 086 661 0989

