

Application Form (WEBSITE DOWNLOAD)

Owner Details

Title: _____ Full Initials: _____
 First Name: _____
 Surname: _____
 I.D. No: _____
 Postal Address: _____
 _____ Code: _____
 Physical Address: _____
 _____ Code: _____
 Tel (h): () _____ Tel (w): () _____
 Fax: _____
 Cell: _____
 e-mail Address: _____

PRODUCT	EXCESS	
<input type="checkbox"/> Solver Plan 100-150	<input type="checkbox"/> R230 excess	<input type="checkbox"/> R230 excess
<input type="checkbox"/> Solver Plan 100-250	<input type="checkbox"/> R345 excess	<input type="checkbox"/> R345 excess
<input type="checkbox"/> Solver Plan 80-150	<input type="checkbox"/> R230 excess	<input type="checkbox"/> R230 excess
<input type="checkbox"/> Solver Plan 80-250	<input type="checkbox"/> R345 excess	<input type="checkbox"/> R345 excess
<input type="checkbox"/> Accidental Injury Cover	Claims paid at 100% of PetSure's Tariff Rate with an excess of R250 / 10% whichever is the greater	
Pets Details	Pet No 1	Pet No 2
Pets Name		
Dog / Cat		
Breed		
Colour		
Birth Date of Pet		
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Microchip / Tattoo Number (essential for claiming)		
Sterilised (spayed/neutered)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Any veterinary treatment other than vaccinations *	* <input type="checkbox"/> Y <input type="checkbox"/> N	* <input type="checkbox"/> Y <input type="checkbox"/> N
Has the pet been treated in the last 90 days?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Date of last vaccination		

If you have more than 2 pets please give details on a separate sheet.

*If yes, please provide details on a separate sheet or attach a medical history printout from your vet.

Vet's Details

Name of Practice: _____
 Tel: () _____

Have Your Pets Been Insured Previously Y N

Name of Insurance: _____

IMPORTANT: Please use this Fax No: 086 661 0990 or Email membership@petsure.co.za ONLY

Administered by



MAR 2018

Underwriting Manager and Administrator
 PetSure (Pty) Ltd ("PetSure")
 Reg. No. 1991/007261/07
 V at No. 410013575
 Authorised Financial Services Provider
 Licence Number 9846
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24 Wellington Rd, Parktown, 2193
 PO Box 87419, Houghton, 2041
 Tel: 0860 738 787
 Fax: 086 661 0990 / 086 661 0992
 E-mail: info@petsure.co.za
www.petsure.co.za

The Hollard Insurance Company
 Reg. No. 1952/003004/06
 Vat No. 4450117405
 Authorised Financial Services Provider
 PO Box 87419, Houghton, 2041
 Tel: (011) 351 1000



Where did you hear about Solver Pet Medical Insurance?

<input type="checkbox"/>	Vet	Practice	
<input type="checkbox"/>	Magazine	Name	
<input type="checkbox"/>	Existing Members	Name	
<input type="checkbox"/>	Word of Mouth	Source	
<input type="checkbox"/>	Broker Name	Broker No:	
<input type="checkbox"/>	Other	Details	

Payment Methods - All premiums are inclusive of VAT

EFT (ANNUAL PAYMENTS ONLY)
 Credit Card
 Please debit my: VISA MASTERCARD
 AMERICAN EXPRESS DINERS CLUB

Cardholders Name: _____

Card Number:

Expiry Date: CVV:

If paying annually or by credit card, please supply alternative banking details below for CLAIMS REFUND PURPOSES ONLY.

Debit Order Details

Payment must be made on or before the 4th of each month. If two or more debit orders are returned, PetSure will not be held liable should the policy be automatically terminated or if claims incurred during this period are not paid.

Tick Appropriate Bank Account:

Nedbank FNB Standard ABSA Investec

Other Bank used (if not mentioned above)/Other means of payment: _____

Account Number: _____

Account Holder: _____ Name of Branch: _____

Acc Type (Chq/Trsm/Savings): _____ Bank Branch Code: _____

Month of 1st Debit Order: _____

26th (for the next month) 1st 4th

I hereby authorise The Hollard Insurance Company Ltd to draw from my account the monthly subscription due in terms of the cover I have chosen, including VAT at the ruling rate. **I may cancel this Debit Authorisation by giving one calendar month's written notice.**

Account Holder

Signature: _____ Date: _____

I authorise any veterinary surgeon who has treated my pet to provide the Insurer with any details regarding my pet's health they may require.

I understand that pre-existing conditions and hereditary and congenital defects are not covered by this Insurance.

I warrant that all the particulars and statements above are true and correct, and contain all the information known to me affecting the risks under the Sections to be insured. I understand that these statements and particulars, and any other statement, written or oral, for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between myself and Solver Pet Medical Insurance / The Hollard Insurance Company Limited.

Acceptance of this insurance for any pet is at the discretion of the underwriters. We reserve the right to decline acceptance of a pet, to vary the conditions on which the insurance is accepted and to vary the conditions and premiums at any time. Before completing the Application Form please ensure that you have familiarised yourself with our Solver Pet Medical Insurance Policy Document and the Terms and Conditions which can be found in the information provided on our website <https://solverpetinsurance.co.za> By completing and signing the Application Form you will be agreeing to Solver Pet Medical Insurance's Terms and Conditions.

Policy Holder

Signature: _____ Date: _____