

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 your claim.

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.

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.

1) POLICYHOLDER'S DETAILS

Policyholder's Name:

Policy Number:

Email Address:

Contact Number:

2) YOUR PET'S DETAILS

Pet's Name:

Microchip Number:

3) VET TO COMPLETE

Type of Claim Accident * Illness Routine Care

Is this a continuation of a prior claim or condition? Yes 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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