

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

- Claims must be received within 60 (sixty) days from date of treatment.
- Incomplete documentation will delay the settling of this claim.

FOR OFFICE USE ONLY

Policyholder's details

Name _____

Policy number _____

Contact number _____

Email _____

Pet's details

Name _____

Microchip number _____

Vet's details (required field)

Type of claim (tick)	Routine care	Accident	Illness
Cause of injury	_____		
Is this a continuation of a previous condition	Yes	No	
Date first showed clinical signs	_____	Date of treatment	_____
Amount claimed	R _____		
Service provider	_____		
Medical diagnosis	_____		
Comments	_____		

Vet stamp (only required if the practice details are not on the invoice)

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.

Owner signature _____ Date _____

Submit your Claim using our Mobile App (download from App store)

Email: claims@petsure.co.za

Fax: 086 661 0989