

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

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)

Submit your Claim using our Mobile App

(download from App store)

Email: claims@petsure.co.za

Fax: 086 661 0989

Owner Signature: _____

Date: _____