

- INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICY HOLDER.
- PLEASE ENSURE THAT THE FULL DIAGNOSIS IS INCLUDED ON THE CLAIM FORM AND/OR ON THE VET INVOICE.

FOR OFFICE USE ONLY

POLICY No: _____

1) YOUR CURRENT DETAILS (to be completed in full)

2) YOUR PET'S DETAILS

Pet Owner Name:		Plan: ULTRASURE PET ACCIDENT COVER	
Address:		Pet's Name:	
		Gender:	
Suburb:	Post Code:	<input type="radio"/> Male	
Telephone (H):	(W):	<input type="radio"/> Female	
Cell:	Breed:		
Email:(Required)	Pet's Date of Birth		

3) VET TO FILL IN

Is this a continuation of a prior claim?	<input type="radio"/> Yes	<input type="radio"/> No	
Cause of Accidental Injury			
Veterinary Comments: <i>Please attach radiology, pathology reports and consults where applicable</i>			

CLAIMS MUST BE SUBMITTED AND RECEIVED BY PETSURE WITHIN 60 (SIXTY) DAYS OF THE INCURRED VETERINARY TREATMENT.

Date of Treatment	Provider of Service	Diagnosis	Date First Showed Clinical Signs	Total Charged

4) DECLARATION

I/we warrant that the information given in this form is true in every respect. No information likely to affect this claim has been withheld. I/we understand that deliberate misrepresentation of the animal's condition or the omission of any material-facts may result in the rejection of the claim and/or cancellation of the policy. I/we confirm that the accounts submitted with this claim have been paid in full and I/we understand that PetSure will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorise any Veterinary Surgeon who has treated my pet provide the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of this claim.

Signature of Pet Owner **X** _____ Date: _____

Signature of Attending Vet **X** _____ Date: _____

Name of Attending Veterinarian (PLEASE PRINT) _____

VET STAMP

Submit the Claim Form via Email to: claims@petsure.co.za or Fax to: 086 661 0989 only

Administered by



Underwriting Manager and Administrator
 PetSure (Pty) Ltd ("PetSure")
 Reg. No. 1991/007261/07
 Vat No. 4100135757
 Authorised Financial Services Provider
 Licence Number 9846
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 Tel: 0860 738 787
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 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



5) YOUR BANKING DETAILS

In order to refund your claim, we require your ID number and banking details.
Incomplete information will result in delays in processing your claim.
The money will be refunded into your account within three weeks of your claims submission.

Client ID No:						
Account Holder Name:						
Bank Name (cross appropriate box):	ABSA <input type="checkbox"/>	FNB <input type="checkbox"/>	Investec <input type="checkbox"/>	Nedbank <input type="checkbox"/>	Standard <input type="checkbox"/>	Other * <input type="checkbox"/>
* Other, please specify:						
Account Number:						
Branch Name:						
Branch Code:						
Account Type (cross appropriate box):	Savings <input type="checkbox"/>	Current <input type="checkbox"/>	Transmission <input type="checkbox"/>	Money Builder <input type="checkbox"/>		

Prior to sending in your claim, ensure that you have:

- ✓ A Completed Claim Form
- ✓ Proof of Payment
- ✓ A Detailed Vet Invoice

- ❖ E-mail to: claims@petsure.co.za ; or
- ❖ Fax to: 086 661 0989

Claims must be submitted and received by PetSure within 60 (sixty) days
of the incurred veterinary treatment.

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FEB 2019

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