

ULTRA PLUS Claim Form

(Use one claim form per pet)



ULTRA PLUS
PET ACCIDENT BENEFIT

MEMBER'S DETAILS

Member's name & surname					
Member's identity number					
Residential address			Code		
Cell		Tel. Home		Tel. Work	
Email address					

PET'S DETAILS

Pet's name					
Please tick appropriate box		Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Breed		Pet's date of birth			

ACCIDENT DETAILS

Date of accident		Description of injury	
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RECORD OF VETERINARY SERVICES (To be completed by the attending veterinarian)

Date of treatment	Veterinary Practice / Service Provider	Diagnosis (Details of your pet's injury)	Date first showed clinical signs	Total charged

YOUR BANKING DETAILS

If your claim is accepted, the refund will show in your account within 14 working days after all the required information has been received.

Account holder name	
Bank name	
Branch name	
Account number	



YOUR PERSONAL INFORMATION

ULTRA PLUS cares about the safety of your personal information. We will treat your personal information with caution and we have put reasonable security measures in place to protect it. We will share the personal information you provide by completing this form with our insurer for the sole purpose of assessing your claim under our ULTRA PLUS Pet Accident Benefit insurance policy. This policy is between RCL Foods (the policyholder and we pay the premiums) and our insurer.

IMPORTANT NOTES

- Submit your claim to claims@ultra-pet.co.za within **60 days** of the date of treatment.
- Please include **all** the below information when you submit your claim:
 - A completed claim form
 - Proof of payment
 - A detailed invoice from your Vet
- Incomplete information will result in a delay in processing your claim.
 - **You are responsible for** R200 on every claim. This means that the R10 000 annual limit will be reduced every time the R200 is deducted from your refund.
 - For example: If the total amount for the treatment of an accidental injury is R900, then you will only receive R700 (R900 less R200).

DECLARATION BY PET OWNER

- I confirm that all the information provided in this claim form is true and correct.
- I confirm that I do not have pet insurance in place which covers the veterinary costs in respect of the pet claimed for on this claim form.
- I authorise the Veterinarian whose details are on this form to provide ULTRA PLUS or the insurer with any details they may require.

Signature of Member		Date		Vet Stamp:
Signature of Attending Veterinarian		Date		
Name & Surname of Attending Veterinarian				