



# Claim form

(Please use 1 form per pet)

Completed Claim form plus ACTUAL itemised account and receipt to be sent to PetSure: PO Box 62229, Marshalltown, 2107.  
Claims must be submitted and received by PetSure within 60 (sixty) days of the incurred veterinary treatment.



## Pet's details

Microchip/Tattoo no: \_\_\_\_\_

Pet's name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_  Male  Female

Colour: \_\_\_\_\_ Age: \_\_\_\_\_

Type of plan: \_\_\_\_\_ Treatment date: \_\_\_\_\_

Type of claim:  Illness  Accident\*  Other

\*Cause of injury: \_\_\_\_\_

For office use only

## Policy holder's details

Policy holder: \_\_\_\_\_

Membership no: \_\_\_\_\_

Postal address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel (H): ( \_\_\_\_ ) \_\_\_\_\_ Tel (W): ( \_\_\_\_ ) \_\_\_\_\_ Cell: \_\_\_\_\_

## Record of veterinary services

(To be completed by the attending veterinarian)

Date of treatment	Provider of service	Diagnosis	Total charge	Is this a new condition? If not, date of first clinical signs

## Veterinarian's Notes (Please attach Radiology and/or Pathology reports where applicable)

\_\_\_\_\_

For your protection the law requires you to be advised of the following: it is a criminal act to make false or fraudulent claims under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to prosecution.

## Declaration

I/we warrant that the information given in this form is true, accurate and complete 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 to provide to the Insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee of payment of this claim.

Signature of Pet Owner:  \_\_\_\_\_

Date: \_\_\_\_\_

Signature of attending Vet:  \_\_\_\_\_

Date: \_\_\_\_\_

Name of attending Veterinarian: (Please print) \_\_\_\_\_

## Change of address

Postal: \_\_\_\_\_ Code: \_\_\_\_\_

Street: \_\_\_\_\_

Tel (H): ( \_\_\_\_ ) \_\_\_\_\_

Tel (W): ( \_\_\_\_ ) \_\_\_\_\_

Cell: \_\_\_\_\_

1 November 2008

Underwriter's Agent and Administrator  
**PetSure (Pty) Ltd**  
("PetSure")  
Reg. No. 1991/007261/07

Authorised financial services provider licence  
number 9846

26 Wellington Rd, Parktown, 2193  
PO Box 62229, Marshalltown, 2107  
Tel: 0860 738 787  
Fax: 086 661 0989  
E-mail: info@petsure.co.za  
**www.petsure.co.za**

**The Holland Insurance Company Ltd**  
Reg.No.1952/003004/06  
PO Box 87419, Houghton, 2041  
Tel: (011) 351 1000  
Fax: (011) 351 5001

© Copyright 2007 PetSure (Pty) Ltd

Underwritten by The Holland  
Insurance Company Ltd

