

Claim form

(Please use one form per pet)

Completed Claim form plus ACTUAL itemised account and receipt to be sent to:
PetSure, PO Box 87419, Houghton, 2041

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)

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: _____

