

Claim Form

(One Claim Form per horse)

CLAIMS CHECKLIST:

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

Incomplete claims will delay the processing of your claim

- ❖ Submit your claim by:
- ❖ Email to: claims@petsure.co.za or
- ❖ Fax to: 086 661 0989

FOR OFFICE USE ONLY

- ✓ Claims must be received within 60 (sixty) days from date of treatment.
- ✓ Ensure that the full diagnosis is included on the claim form and/or on the vet invoice.
- ✓ If you do not receive an auto-response to your claim submission, please assume that it has not been received. Please contact the Claims Department or resend your claim.

TO BE COMPLETED IN FULL

Policyholder's Name:		Horse's Name:	
Policy Number:		Horse Membership Number:	
Telephone (H)	(W)	Breed:	
Cell:	Age:	Colour:	
	<input type="radio"/> Stallion	<input type="radio"/> Mare	<input type="radio"/> Gelding
Email:	Date of Birth (dd/mm/yyyy)		

VET TO FILL IN

Type of Claim	<input type="radio"/> Accident *	<input type="radio"/> Illness	<input type="radio"/> Routine Care	
Is this a continuation of a prior claim or condition?	<input type="radio"/> Yes	<input type="radio"/> No		
* Cause of Injury				
Veterinary Comments:				
Date of Treatment	Provider of Service	Diagnosis (must be provided)	Date First Showed Clinical Signs	Total Charged

DECLARATION

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

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 horse'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 Policyholder **X** _____ Date: _____

VET STAMP:

Please email our Membership Department if there have been any changes regarding your personal details contact details, bank details etc. membership@petsure.co.za