



# MyPet Pet Accident Cover CLAIM FORM

(Please use one form per pet)

(Page 1 of 2)

ACTIVE MYPET CUSTOMER No: \_\_\_\_\_

FOR OFFICE USE ONLY

- 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.

POLICY No: \_\_\_\_\_

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

## 2) YOUR PET'S DETAILS

Policy Holder Name:		Pet's Name:	
Address:		Plan: MYPET PET ACCIDENT COVER	
		Microchip Number:	
Suburb:	Post Code:	<input type="radio"/> Dog	<input type="radio"/> Cat
Telephone (H):	(W):	<input type="radio"/> Male	<input type="radio"/> Female
Cell:	Breed:		
Email: (Required)	Pet's Date of Birth		

## 3) VETS TO FILL IN

Is this a continuation of a prior claim or condition?	<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

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.

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

Signature of Attending Vet  \_\_\_\_\_ Date: \_\_\_\_\_

Name of Attending Veterinarian (PLEASE PRINT) \_\_\_\_\_

VET STAMP

Submit the Claim Form using our **Mobile App** (search and download the 'PetSure' app found in your App Store) or Email to: [claims@petsure.co.za](mailto: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  
Authorised Financial Services Provider  
Licence Number 9846  
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24 Wellington Rd, Parktown, 2193  
PO Box 87419, Houghton, 2041  
Tel: 0860 738 787  
Fax: 086 661 0990 / 086 661 0992  
E-mail: [info@petsure.co.za](mailto:info@petsure.co.za)  
[www.petsure.co.za](http://www.petsure.co.za)

The Hollard Insurance Company  
Reg. No. 1952/003004/06  
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

- 🐾 Submit the Claim Form using our **Mobile App** (search and download the 'PetSure' app found in your App store); or
- 🐾 E-mail to: [claims@petsure.co.za](mailto: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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**Hollard.**