



PET HEALTH INSURANCE

PawPaw Claim form

Policy No: _____

YOUR DETAILS

Title Dr/Mr/Mrs/Miss/Other _____

Phone Number _____

First Name _____

ID No _____

Last Name _____

E-mail Address _____

YOUR PETS DETAILS

Pet's Name _____

Is your pet a: Cat Dog

Pet's date of birth _____

Is your pet a: Male Female

Breed _____

CLAIM DETAILS

Type of claim: Accident Illness Annual check up Puppy socialization class Cremation

Date of claim _____

Date of treatment _____

Date of 1st symptoms _____

Medical condition / Diagnosis _____

Continuous treatment Yes No

Did the illness/injury result in the death of your pet?: Yes No Date of death _____

In order to process your claim, the diagnosis or condition treated is required.

Please ask your vet for this information for you to complete the form accurately.

DISCLOSURE

Signature of policy holder _____ Date _____

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud. I have no other insurance on the pet claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.

Please send completed forms including copies of invoices and receipts to P.UMA (Pet Underwriting Managing Agency (Pty) Ltd) at claims@p-uma.co.za, within 60 days of the treatment date.