



PET HEALTH INSURANCE

## CLAIM FORM

Policy No: \_\_\_\_\_

### YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other. \_\_\_\_\_

Physical Address: \_\_\_\_\_

First Name: \_\_\_\_\_

\_\_\_\_\_

Last Name: \_\_\_\_\_

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

ID No: 

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Postal Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

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

### YOUR PETS DETAILS

Pet's Name : \_\_\_\_\_

Pet's date of birth : \_\_\_\_\_

Is your pet a : Dog  Cat  Female  Male

Breed : \_\_\_\_\_

### VET TO COMPLETE

Type of claim : Accident  Illness  Date of Treatment : \_\_\_\_\_ Date of 1<sup>st</sup> symptoms \_\_\_\_\_

Diagnosis : \_\_\_\_\_

\_\_\_\_\_

Continuation Treatment: Yes  No

Did the illness or injury result in the death of your pet? Yes  No  Date of Death \_\_\_\_\_

Name of Vet : \_\_\_\_\_ Name of Practice \_\_\_\_\_

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

Signature of Pet Owner \_\_\_\_\_ 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 all receipts to :** P.UMA (Pet Underwriting Managing Agency (Pty) Ltd  
Email Address : [info@p-uma.co.za](mailto:info@p-uma.co.za) or fax 021 403 9188.