**PET MEDICAL INSURANCE CLAIM / PRE-AUTHORISATION / CLAIM FORM**

Subject to terms and conditions of the Genric Pet Insurance policy wording. Please send completed application form and supporting documents to petclaims@genricdirect.co.za

(One Claim Form per Pet)

<table>
<thead>
<tr>
<th>Number of documents including this application form</th>
<th>Pre-authorisation</th>
<th>Claim</th>
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<tbody>
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### A. POLICY HOLDER

- **Policy holder name:**
  - [ ]

- **Policy no.:**
  - [ ]

- **Plan:**
  - [ ]

- **Contact details:**
  - **Home no.: ( )**
  - **Work no.: ( )**
  - **Fax no.: ( )**
  - **Cell no.: ( )**

- **Email address:**
  - [ ]

- **Address:**
  - [ ]

- **Code:**
  - [ ]

- **Name of pet:**
  - [ ]

- **Gender:**
  - M

- **Cat:**
  - [ ]

- **Dog:**
  - [ ]

- **Weight:**
  - [ ]

- **Breed:**
  - [ ]

- **Unique identification features (if any):**
  - [ ]

- **Age:**
  - [ ]

### B. CLAIM DETAILS

- **If accident, please explain event:**
  - [ ]

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<tbody>
<tr>
<td>Date of first symptoms</td>
<td>Date of (proposed) treatment</td>
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- **Diagnosis: (Details of your pet’s illness):**
  - [ ]

- **Treatment protocol:**
  - [ ]

- **Prescription medicine:**
  - [ ]

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<tr>
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<tr>
<td>Follow up date</td>
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- **Additional comments:**
  - [ ]

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C. POLICY HOLDER’S DECLARATION

The information provided in support of this claim is correct. I understand that any misrepresentation of the facts of this claim constitutes fraud. I further declare that there is no other policy in place which covers the same claim. I am aware of the underwriters’ rights of subrogation and agree to their exercise thereof under the appropriate circumstances.

Policy holder’s signature: ___________________________ Date of signature: __________ / __________ / __________

D. SUBMISSION OF CLAIM

Please scan and send this claim form completed together with scanned copies of the medical report, invoices and proof of payment pertaining to this claim to petclaims@genricdirect.co.za. Please note that incomplete documentation will result in a delay in settling this claim.