

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)

Number of documents including this application form

Pre-authorisation

Claim

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

F

Cat:

Dog:

Weight:

Breed:

Unique identification features (if any)

Age:

B. CLAIM DETAILS

If accident, please explain event:

Date of first symptoms

D D / M M / Y Y Y Y

 / /

Date of (proposed) treatment:

D D / M M / Y Y Y Y

 / /

Diagnosis: (Details of your pet's illness)

Treatment protocol:

Prescription medicine:

Follow up date:

D D / M M / Y Y Y Y

 / /

Additional comments:

Estimate / Actual cost
breakdown:

Vet's name:

Name of Clinic/Practice:

Vet's Signature:

Date of signature:

D	D	/	M	M	/	Y	Y	Y	Y

Vet's/Practice's stamp:

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	D	/	M	M	/	Y	Y	Y	Y

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.