

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 claims@genricdirect.co.za

(ONE CLAIM FORM PER PET)

Number of documents including this application form

Pre-authorisation

Claim

A. POLICYHOLDER

Policyholder 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 |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |

Date of (proposed) treatment:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> |

Diagnosis: (Details of your pet's illness)

Treatment protocol:

Prescription medicine:

Follow up date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
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Additional comments:

Estimate / Actual cost
breakdown:

| | |
|--|--|
| | |
| | |
| | |

Vet's name:

Name of Clinic/Practice:

An official invoice from the veterinarian detailing the treatment provided with relevant cost per treatment must be provided.

C. POLICYHOLDER'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.

Policyholder'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 claims@genricdirect.co.za. Please note that incomplete documentation will result in a delay in settling this claim.