

Exotic insure Claim form

YOUR DETAILS

Title: Dr/Mr/Mrs/Miss/Other: _____

Phone Number: _____

First Name: _____

ID No: _____

Last Name: _____

E-mail address: _____

CLAIM DETAILS

Type of claim: Accident Illness Routine care

Date of claim: _____

YOUR PETS DETAILS

Pet's Name: _____

Pet's date of birth: _____

Breed: _____

Is your pet a: Male Female

VET TO COMPLETE

Type of claim: Accident Illness Routine care

Date of 1st symptoms: _____

Date of treatment: _____

Diagnosis: _____

Continuation treatment: Yes No

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

Name of vet: _____

Name of practice: _____

Signature of vet: _____

Date: _____

Diagnosis: _____

Disclosure

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: claims@p-uma.co.za