



Pet

PET CLAIM FORM

Register your claim on the OUTsurance app or by calling us on 08 600 70 000.

Please email your completed claim form to petclaims@out.co.za (include your claim number in the subject line).

For more information, please visit www.outsurance.co.za.

Submission check form:

- ☐ Completed claim form
- ☐ Detailed invoice
- ☐ Proof of payment
- ☐ Full veterinary history if this is your pet's first claim. A vaccination certificate is not sufficient.

Policy holder details

Policy / Claim / ID no.			
First name		Surname	
Contact no.		Alternative contact no.	
Email			

Pet details

Pet name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed			
Microchip / tattoo no. (if applicable)			

Claim Details - Client to complete

Is this a continuation of a prior claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the claim number (optional)?		Date of previous claim (optional)

Claims Details - Vet to complete

Date first showed clinical signs	YYYY / MM / DD	Medical diagnosis or accidental event	
Date of treatment	YYYY / MM / DD		
Type of claim	<input type="checkbox"/> Accident	<input type="checkbox"/> Illness	<input type="checkbox"/> Vet visit

Claims Details - Vet to complete (continued)

Was the pet admitted at the practice? <i>(Admission is when the vet requires the pet to be left at the practice during the day for observation, or to be kept at the practice for overnight admission.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a continuation of a condition that existed before the treatment date?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a hereditary condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this a congenital condition?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the treatment chronic? <i>(Treatment/medication that the pet will need to take for longer than three months and which is likely to continue for the foreseeable future.)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional vet notes:			
Amount claimed (as per invoice)	R	Practice name	

Practice stamp

YYYY / MM / DD

Date _____

Declaration

I/we certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that deliberate misrepresentation of the animal's condition or the omission of any material facts will result in the denial of the claim and/or cancellation of the policy. I/we confirm that the veterinary services as detailed in account(s) submitted with this claim have been provided and I/we understand that policy administrators will assess the claim in accordance with the cover selected and benefits payable by the policy. I/we authorise any veterinary surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge the liability or guarantee payment of the claim.

Policy holder signature

Veterinary signature