



Pet

PET CLAIM FORM

Please email the completed form to petclaims@out.co.za
For more information, visit www.outsurance.co.za or call **08 600 70 000**.

Submission check form:

- Completed claim form *(Not required for routine care claims)*
- Detailed invoice
- Proof of payment
- Full veterinary history if this is your pet's first claim *(not required for routine care claims)*. A vaccination certificate is not sufficient.

Policy holder details

Policy number or policyholder ID number			
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 number <i>(if applicable)</i>				

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	<input type="checkbox"/> Routine care
Was the pet admitted at the practice?				<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?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims details - Vet to complete (continued)

Additional vet notes:

Amount claimed (as per invoice)

R

Practice name

YYYY / MM / DD

Practice stamp

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