

PET IN-HOSPITAL CLAIM FORM



Dear Valued Client

In order for us to review your claim you need to please complete the claim form and send it back to petclaims@oneplan.co.za. If claims are within the first twelve months from inception of the applicable insured pet's cover, please attach full veterinary history, provided by the vet. Once we have received all relevant documentation (please see last page of claim form) we will be able to assess the incident being claimed. Note that failure to provide the requested records will delay the assessment of your claim.

Completion of this form by the Insured or his/her mandated representative, does not in any way limit liability.

Any cost incurred in completion of this form will be the responsibility of the Insured.

A. TO BE COMPLETED BY PET OWNER

Name of Owner		Name of Pet	
Policy Number		Breed	
Phone Number		Date of Birth	
E-Mail			

IDENTIFICATION OF PET (Please tick identification and provide a description or number)

Microchip	<input type="checkbox"/>	Tattoo	<input type="checkbox"/>	Birthmark	<input type="checkbox"/>	Other	<input type="checkbox"/>
Description							

DESCRIPTION OF ILLNESS OR INJURY AND HOW THE INJURY OCCURRED

Date symptoms were noticed / Injury occurred:	

B. TO BE COMPLETED BY TREATING VET

Name of Practice						
Treating Vet						
Contact Person		Contact Number				
E-Mail		History Provided	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(010) 001 0141 www.oneplan.co.za

2nd Floor, South Tower, Nelson Mandela Square, Corner Maude & 5th Street, Sandton City, Johannesburg, 2196

Oneplan™ is administered by Oneplan Underwriting Managers (Pty) Ltd, an authorised financial services provider FSP43628. Oneplan is not a benefit option regulated by the Medical Schemes Act, but a non-life insurance product underwritten by Bryte Insurance Company Limited a licensed insurer and an authorised FSP (17703).

Underwritten By



Diagnosis				
Were the pet's vaccinations up to date at the time of consultation?	YES		NO	
COMMENTS				

I, the undersigned confirm treatment of the Insured Pet as identified and described by the pet owner in Section A of this form.

VETERINARIAN STAMP		
	Signature:	Date:

Please make sure to also include the following Documentation or information with your form:

- Fully completed form
- Full Veterinary/Medical history
- Final Invoice for treatment/corrective procedure (with POP if applicable)
- Detailed estimate for treatment/corrective procedure (for Pre-Authorisation)