

# 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](mailto: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)0010141 [www.oneplan.co.za](http://www.oneplan.co.za)  
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Diagnosis				
Were the pet's vaccinations up to date at the time of consultation?	YES		NO	
<b>COMMENTS</b>				

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

<b>VETERINARIAN STAMP</b>		
	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)